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ABSTRACT

The report details the accomplishments of Project RHISE--Rockford (Illinois) Handicapped Infant Services Expansion--outreach efforts. The year's (1981) activities described include establishment of 10 new sites for replication of the RHISE model, which views parents as primary interventionists for a transdisciplinary approach. The consultancy model, which attempts to provide role release for disciplinary specialists, is described and three stages of the process identified: problem clarification, problem resolution, and limit setting. Components of the RHISE approach (services to children and parents, program organization, and community awareness) are reviewed. "Impact indicators" are presented for six objectives: increasing awareness; stimulating high quality programs; training graduate and undergraduate students; developing and disseminating products; stimulating increased state involvement; and providing a variety of technical assistance. (CL)

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Program Performance Report

FY 1982

Project RHISE/Outreach

G008100731

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FY 1982

Program Performance Report

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Project RHISE/OUTREACH

CHILDREN'S DEVELOPMENT CENTER

PROJECT RHISE OUTREACH

July 16, 1982

Ms. Shirley O. Bazey
Office of Procurement and Management
Room 5715, ROB #3
400 Maryland Avenue, S.W.
Washington, DC 20202

Dear Ms. Bazey:

As per our instructions we are enclosing the original and two (2) copies of the Final Financial Status Report and three (3) copies of our Final Program Performance Report (FY 1982) for Project RHISE/Outreach.

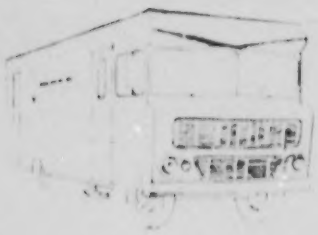
Sincerely,

STEVEN LYNN SMITH
Director
Project RHISE/Outreach

JEAN ADAMS
Executive Director
Children's Development Center

SLS:JA/rr

Encls.



Project RHISE/OUTREACH

CHILDRENS DEVELOPMENT CENTER

PROJECT RHISE OUTREACH

July 16, 1982

Dr. Ed Wilson
Handicapped Children's Early
Education Program
OSE
Donahoe Building - Room 3128
400 6th Street, S.W.
Washington, DC 20202

Dear Dr. Wilson:

Enclosed please find one (1) copy of the Project RHISE/Outreach Program Performance Report (FY 1982) submitted to the Department of Education, Special Education Programs.

We are enclosing this copy of our Program Performance Report for your review as Project Officer. We have appreciated your assistance to our project.

Sincerely,

Steven Lynn Smith

STEVEN LYNN SMITH
Director
Project RHISE/Outreach

SLS/rar

Encl.

Certification of Results

Department of Education
Special Education Programs

Program Performance Report

for

Handicapped Children's Early Education Program

1.	Date of Report:	July 16, 1982
2.	Grant Number:	G008100731
3.	Period of Report:	July 1, 1981 to June 30, 1982
4.	Grantee Name:	Children's Development Center
5.	Descriptive Name:	Project RHISE/Outreach (Rockford Handicapped Infant Services Expansion)

CERTIFICATION: We certify that to the best of our knowledge and belief this report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

STEVEN LYNN SMITH
Director
Project RHISE/Outreach

JEAN ADAMS
Executive Director
Children's Development Center

Final Budget Report

Introduction

Children's Development Center (CDC), located in Rockford, Illinois, is a private not-for-profit agency serving handicapped children from birth to 21 years of age, with a variety of educational programs, as well as diagnostic and therapeutic services. Children's Development Center also serves as a clinical training site for several colleges and universities, offering internships in the fields of special education, psychology, occupational and physical therapy, and speech pathology.

Children's Development Center has been in operation since 1968, and began its first programs for handicapped infants in 1973. During the first year of this Early Intervention Program, Children's Development Center staff members recognized the needs to expand their services to this infant population in an innovative manner, as well as the need to educate the medical and allied health professional community and funding sources with regards to the need for and effectiveness of early intervention. With these objectives in mind, Children's Development Center applied for a grant from HEW/BEH (HCEEP) to fund a demonstration program, the purpose of which would be to develop an innovative model of service delivery to handicapped infants. Children's Development Center received the first grant award from HEW/BEH in fiscal year 1974, to fund Project RHISE (Rockford Handicapped Infant Services Expansion).

At the completion of the three years of demonstration funding, the Project had completed its objectives and obtained further funding to continue the Project RHISE services locally. At that time the decision was made to apply for Outreach funds. As the result of that application Project RHISE/Outreach was funded for a three year grant period beginning in FY 1978. The direction taken by the Outreach proposal addressed itself to the immediate regional needs to establish new programs to serve unserved handicapped infants, through the development of a regional replication system requiring the cooperation and coordination of state agencies, public schools, and private agencies. The Project RHISE model has developed a service delivery system that is both adaptable to the needs of metropolitan and rural areas and built on a concept of cooperative, coordinated activities among existing resources.

The initial Outreach proposal limited the replication activities for the first and second years to Region 1A, a nine county area in northwest Illinois. The objective of this decision for initial geographic limitation was to demonstrate the larger replication potential of developing a coordinated regional system to meet the needs of unserved handicapped children, to assist the public schools in meeting guidelines of national and state

legislation for the education of all handicapped children. The success of that replication approach in Region 1A, which included both metropolitan and rural populations, demonstrated its potential as a replication model to serve similar regional systems in other sections of the country. During the last year of the initial 3 year Outreach grant, FY 1980, the major focus was to establish four (4) model utilization sites in a five (5) state target area (Illinois, Indiana, Iowa, Michigan, and Wisconsin). A "model uitilization site" was determined to be a program who chose to implement the Consultancy Model and/or the Parent Program, the two primary service delivery components of the program. The Project was successful in this effort as six (6) programs received technical assistance and five (5) of them became model utilization sites.

For FY 1981, the major focus was to continue working with the six (6) FY 1980 sites and establish ten (10) new model utilization sites. This goal was achieved, although the level of implementation of the RHISE Model varied from site to site and some sites were continuted into FY 1982. Awareness activities and providing training to professionals and students were also major Project functions during FY 1981 as Project RHISE had an impact on over 1050 professionals and students in professional fields.

Several factors have contributed to the success of Project RHISE which were continued in FY 1982:

1) flexible approach to Outreach, wherein sites are assisted to adapt the RHISE Model to their local needs;
2) keeping the target area to nine (9) midwest states near Illinois, which allowed for more efficient use of staff time and Project funds;
3) clustering replication sites, wherein sites geographically close together are provided some training jointly, which facilitates a natural "support" system being developed;
4) inclusion of other community agency staff in training, such as Head Start, public school, social service,
5) use of long-term contact with sites, training is over a long period of time to allow time for adaptation of the model.

For FY 1982 the primary objective was to provide additional technical assistance and follow-up at nine (9) sites where the model was partially replicated and to replicate the model at ten (10) new sites within the nine (9) state target area. This goal was successfully achieved (see Outreach Activities, II. Stimulating High Quality Programs).

During FY 1982, Project RHISE had great impact on children, professionals and programs. Through services provided at replication sites, at the CDC demonstration/continuation site, through screening programs and materials, Project RHISE had an impact on over 1985 young handicapped children and an additional 963 children in developmental screening programs.

Through training at replication sites, training workshops, conference presentations, and the training of students Project RHISE had an impact on over 1618 professionals and students. For every dollar of federal funding ($102,435), Project RHISE had an impact on $34 of state and local funds ($3,450,707). Various areas of impact are summarized in the section Summary of Impact Indicators.

In this final performance report for FY 1982, attachments have been held to a minimum in the interest of saving paper and the time necessary to review this document. Only the most significant and/or representative items have been included for documentation. If any further documentation is desired, please contact Project RHISE/ Outreach as all documentaion material is kept on file.

The Project RHISE Model

Philosophical Foundations of the RHISE Model

The Project RHISE approach to intervention with handicapped or developmentally delayed infants and toddlers has two philosophical foundations. The program exists primarily to prepare and support parents as the primary interventionists for their children. Secondly, the RHISE approach to service delivery is transdisciplinary.

The ultimate goal is to create a functional parent-child relationship so that teaching and learning can take place in that context. When that relationship is effective, teaching and learning will happen every day of the child's life, not just a few hours a week in an intervention program. The role of early intervention is to help parents learn how to set the stage for learning, whether it be with relatively basic stimulation techniques or more specialized techniques to deal with particular handicapping conditions. If either parent does not spend the majority of the day with the child, the child's primary caregiver is the logical focus.

Handicapped infants need help from a variety of specialists. Their problems and related interventions are complex. However, a child with multiple dysfunctions is already at risk for normal attachment with his parents and the segregate handling by a variety of interventionists, which is meant to be therapeutic, may actually impede the child's attachment to his family. Therefore, the number of professionals routinely in contact with an infant and his family must be limited. In addition, the fewer staff a family has to relate to, the easier and less confusing it will be for the family.

In limiting the number of professionals having direct, "hands-on" contact with children, it is critical that their varied professional expertise still impact on the children's programs. A transdisciplinary approach to service delivery guarantees multidisciplinary expertise in children's programs with minimum multi-staff involvement. The transdisciplinary approach utilizes systematic teaching and learning across traditional disciplinary boundaries to accomplish this result. Service integrity is not compromised.

The Consultancy Model

The Consultancy Model is a design for birth-to-three programming that involves a team of transdisciplinary specialists working together in a unique way to implement children's programs which the team has designed. A teacher usually has primary staff responsibility for programming the children, but can do so only because of the continuing interaction with the clinical staff that occurs in systematic in-service and case-specific consultation. The ultimate goal of this unique interaction between teachers and clinicians is to assist parents in their role as primary teachers of their own children; for the most effective interaction will occur within the parent-child/teaching-learning relationship.

The child, parents, and teacher comprise the triad through which most dir-

ect intervention occurs. It is cost-effective for the teacher rather than the clinician to be the person who spends considerable time planning and providing routine intervention activities, keeping extensive notes to document progress, and traveling the service area. The clinician will have maximum effect on the greatest number of children by assessing and reassessing them, designing programs to meet their needs, supporting teachers in the provision of those programs, and providing only those interventions which are either inappropriately released to other professionals or too complex for others to perform.

As Project RHISE completed its refinement of the Consultancy Model, technical assistance was obtained for this purpose from Dorothy Hutchison, RN (Associate Professor of Nursing, University of Wisconsin - Extension, and consultant to the United Cerebral Palsy of America National Collaborative Infant Project). Ms. Hutchison identified the similiarities between the Consultancy Model and the Transdisciplinary Approach, which was pioneered by the UCPA Infant Projects, under the leadership of Una Haynes.

An important similarity between the two models seems to be the concept of limiting the actual number of adults who deal with the atypical infant, even though he/she needs the professional services of a variety of disciplines. In the Consultancy Model the professional service provider is usually the teacher, in conjunction with a transdisciplinary team of clinicians. Channeling direct service through one person reduces compartmentalized and fragmented service. Channeling direct service through the teacher is the most cost-effective method.

Difficulties in providing the highly specialized services that handicapped/developmentally delayed children need, often center around three factors:

- manpower shortages in the specialized fields of pediatric physical therapy, occupational therapy, and speech and language pathology
- funding limitations to hire specialized personnel
- logistical problems of providing services to infants and their families in sparsely populated areas

Project RHISE designed the Consultancy Model to overcome these barriers to service. Once valuable personnel are obtained, maximum use of their time can be accomplished if clinicians train and support teachers, who are the direct service providers. Logistical problems are minimized because one team member is delivering most direct service, not a whole team of people.

The Consultancy Model is not limited in application to children's programming. It has equal utility in meeting parents' needs. Teachers can be trained to meet parents' needs for information, skills, and emotional support. A separate staff member hired to relate to parents is artificial. Teachers, who spend more time with parents than any other staff member, will usually have established the best rapport with families and will be in the best position to listen and provide support. A pscyhologist, social worker, or trained counselor can be a member of the consultative team, training teachers through in-service and case-specific consultations to respond to parents' needs, to

train parents in intervention techniques, to run information groups for parents, and to refer parents to professional counsellors if the need exists.

Essential Processes in the Consultancy Model

The Consultancy Model works when the entire team deliberately embarks on a systematic sharing of knowledge and skills across disciplines. When teaching and learning occur among professionals, the phenomenon of role release can be seen. Role release occurs when a disciplinary specialist trains and authorizes a team member to provide an intervention that traditionally would have been provided only by the disciplinary specialist.

Role release is continually expected in the Consultancy Model. Two routine program events, inservice training and case-specific consultation, make it happen. The inservice setting is used to train general topics that must be understood before detailed interventions can be mastered. Those topics include a survey of normal and abnormal development in all skill areas (patterns, evaluation and general facilitation techniques), and a general understanding of related topics such as reflex maturation, range of motion, patterns of movement, orthopedic problems, positioning, handling, the normal grieving process of parents with handicapped children, and parent training and support techniques. Ideally, inservice should occur weekly.

Consultation should also occur weekly. It is case-specific, child-centered and highly structured. Information, knowledge, and skills are transmitted in relationship to the individual education program of a particular child. A standard form, called "Consultation Record," is used to initiate and document the exchange. A typical consultation progresses through three stages:

1. problem clarification - both participants clarify why they are consulting, what the desired outcome for the consultation is, and update each other on the child's current status and environment

2. problem resolution - strategies are mutually generated or specific information and skills needed by the consultee can be presented and practiced until competency is demonstrated

3. limit setting - child behaviors are defined which indicate whether the approaches are effective and limits are defined within which information and skills can be applied.

Inservice and consultation comprise the enabling link that transmits training and support from an expert, multidisciplinary staff of clinicians to a teacher who assumes most of the responsibility for direct service to the children and their parents. It is a cost-effective way to serve infants and toddlers needing educational and therapeutic assistance. It is a dynamic, innovative way to provide services to special children in urban centers as

well as sparsely-populated areas. It works and the children and their families benefit.

Four Components of the RHISE Model

The RHISE model of service delivery, called the Consultancy Model, focuses on two core components which are interlocking and interdependent: the children's program and the parent program. Two additional components are needed for overall program integrity - an organizational framework and a community relations component. A quality program for parents and children, supported by a well-defined organizational system and communicated understandably to a variety of groups, is the kind of program Project RHISE/Outreach strives to foster.

Children's Program Component

The Consultancy Model operates within the framework of five phases of program activity: identification/referral, assessment, program formulation, program delivery, and reassessment.

In the first phase, identification/referral, there are three activities: community awareness activities, case-finding activities to locate potentially eligible children, and developmental screening of new children by teachers and trained paraprofessionals.

Children who fail the screening enter the second phase, assessment. Assessment involves full, in-depth evaluation by all team members, each in their own area of expertise, to determine if a developmental delay or handicap does exist, what the child's strengths and weaknesses are, and what his/her baseline level of function is. A variety of techniques including individual assessment by each discipline, multi-assessment doing a single event using the arena method, and diagnostic observation sessions are used singly or in combination. The resulting staffing or pooling of findings is the key to transdisciplinary assessment.

Based on assessment results, a decision about program eligibility is made. If the child will be enrolled in the program, the third phase of program formulation is begun. An IEP is developed by the child's parents and the team, containing major program goals and treatment strategies. Mutual goals, concerns and priorities must be exchanged and a foundation for mutual understanding must be laid for effective parent-staff teaming in order to best meet the child's needs.

The program that is planned by the parents and team is implemented in phase four, program delivery. Parents, trained by a team member (usually a teacher), implement the IEP, and progress is monitored with anecdotal records, developmental checklists and case reviews by the team. Weekly inservice training and case-specific consultations among team members provide the support teachers need to carry primary staff responsibility for intervention.

The effects of intervention are formally measured annually to provide the basis for progress measurement and to provide the information necessary for the parents and team to decide the need for continued programming. This is the fifth phase, reassessment. If the child remains eligible for services, a new IEP is developed and programming continues. (For a detailed explanation of the above phases of program activity see Attachment 1).

The Consultancy Model can be implemented in homes, centers, or at satellite sites. The needs of the family and the geography of the service area determine service mode and location.

Specific activities for the intervention are generated from a syllabus of appropriate curricula with a developmental base and from specific input from the clinical team that assessed the child. The clinicians assist the teachers in adapting activities for children with specific handicaps whose developmental growth patterns are atypical or do not follow the normal developmental sequence. Daily intervention activities selected from appropriate curricula are matched to the goals in each child's IEP. These daily activities include a range of intervention strategies: 1. the set of therapeutic positioning/handling/treatment techniques specific to each child's disability, 2. play activities appropriate to each child's current level of function, and 3. the set of structured learning events needed to train the new developmental competencies targeted for the child by the intervention team.

Parent Program Component

When a child is eligible for services, related parent activities are both an integral part of the child's program as well as being events specifically designed to support adult needs. Services to parents take two basic forms: services which are related to the child's program and services which are provided especially for parents. Initially each parent is assessed with respect to their knowledge and understanding of normal child development and basic parenting skills, their understanding of their child's individual needs, and their emotions and attitudes towards having a handicapped child. Based on that Parent Needs Assessment, specific parent program activities and support services are provided (see Attachment 2).

Enabling parents to effectively teach their own children is the goal of both the Children's Program and the Parent Program. The first component of the RHISE Parent Program is the Parent-Child-Teacher interaction which includes the training the teacher performs to help the parent meet the child's needs and the social/emotional support the teacher provides the parent. In addition to the activities involving both the parent and child, Project RHISE emphasizes three other services for parents. In the Parent-to-Parent Interaction, parents interact on a one-to-one basis, in small informal groups and in group discussions led by a parent.

Other parents of handicapped children are often the most effective form of support and encouragement for the parent of a handicapped child. In the Parent Group Information Exchange, parents participate in groups which are facilitated by various staff members in which the primary goal is a sharing and exchange of knowledge regarding child development and developmental disabilities. Although not every parent of a handicapped child needs professional counseling services, through the fourth componet, Counseling Services, services are available from a psychologist to parents who need them. Project RHISE Parent Program Learning Packages, books, printed materials, and audio/visual presentations are available for parents through all four components of the parent program. The RHISE Parent Program combines services which are directed both at training parents to work with their children and to help parents adjust attitudinally and emotionally to their handicapped child.

Organizational Component

The program model needs to be clearly defined in writing and supported by written procedures and record-keeping systems. The organizational component of the program does this.

The rationale behind a chosen program model needs to be available in writing as a foundation for program functioning. Objectives of the program in its present form as well as objectives for future growth will be based on the rationale.

Eligibility and dismissal criteria are the source from which procedures for entry, exit, and movement through the program can flow. Staff assignments and responsibilities will evolve not only from the program description and rationale but also from the specified procedures.

The final elements of the Project RHISE organizational component are the Child Record-keeping System and the Progress Measurement System. The Child Record-keeping System will facilitate data collection and communication with professionals and agencies, and it will provide a general profile of the child, his family, and their involvement with the program. The Progress Measurement System will provide and assess demographic and progress data based on information obtained from the Child Record System, child assessments, and the Parent Needs Assessment. Depending on a program's capabilities, there is also the potential for computer analysis.

Community Awareness Component

Simultaneous with the development of an early intervention program is the need to establish a communications program that operates on two levels of community relations. The first is on a personal level with materials and activities focused on communication with parents, staff, other agencies, the medical community, and funding sources. The second level of communication is with the community as a whole.

A wide range of methods and materials is needed to reach people

and target groups of diversified backgrounds and interests. Communication may occur for the purpose of coordination of services, the establishment of agency image and community support, awareness of early intervention in general and the local program in particular, or impact on legislators and policy makers. The Project RHISE community awareness component offers a variety of methods and materials suitable for many groups and purposes.

Summary

In order to provide high quality services to young handicapped children and their parents a variety of program components are necessary. Of primary importance are services to the young child to meet his/her developmental needs. For the intervention services to be effective, parents must be included and attention must be given to their needs. By providing supportive services and specific training parents can fulfill their role as the primary facilitator of their child's development. In order for all services to be presented in an efficient and cost effective manner, the program must be clearly defined and well organized. The community must be aware of the importance of early intervention, the services available locally and how to utilize those services.

The Project RHISE Consultancy Model incorporates all of these components into an early intervention/preschool program which insures that high quality, cost-effective services will be provided to handicapped children and their families.

ATTACHMENTS

Attachment 1

Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, Illinois 61103

Using the Consultancy Model in an Early Intervention Program

I. Identification/Referral

Definition

1. awareness - informing the public of:

   a. the importance of early intervention
   b. early warning signs that signal a referral
   c. availability of programs/services
   d. parent/child rights under the federal/state law

2. case-finding - procedures that systematically locate children for screening, including:

   a. active, aggressive pursuit of target groups (high-risk babies and at-risk children)
   b. encouragement of referrals from parents, other agencies, and the medical community
   c. plans for mass screening of the general population

Activities

1. Community awareness activities: on-going (intervention team usually not directly involved)
2. Screening of new children by teachers or trained paraprofessionals

II. Assessment

Definition

If the child fails the screening process or if his background indicates he is at risk for developmental difficulty, he is fully evaluated by team members to determine if a developmental delay or handicap does exist, what his strengths and weaknesses are and what his baseline level of function (at program entry) is.

Activities

1a Group diagnostic assessment of children (each using their own test, specialists work together to gather the same information that is needed by all; they share remaining time to test skills specific to their area of expertise).

or

1b Diagnostic assessment by clinicians individually (child sees specialists one after another for testing; total time family spends in this process is greater than in group assessment).

2. Educational assessment (using a criterion-referenced measure, which is usually a checklist of developmental milestones, the teacher informally assesses developmental competencies across all skill areas)

III. Program Formulation

Definition

Based on assessment results, a decision about program eligibility is made. If the child will be enrolled in the program, an IEP is developed by his parents and the team; information from the parents and the assessment process is used to develop major program goals and treatment strategies.

Activities

1. IEP development meetings between parents and team

IV. Program Delivery

Definition

The program that is planned by the parents and team is implemented, and the child's progress is routinely monitored.

Activities

1. Parents, trained by a team member (most often a teacher), implements IEP's
2. Progress monitoring with anecdotal records, developmental checklists, and routine case reviews by the team (to point up those needing consultation, parent conference, etc.)
3. Weekly, systematic in-service training among team members (teacher most often is the one being trained)
4. Weekly, case-specific consultations among team members (teacher most often is the one being trained)

V. Reassessment

Definition

At least annual readministration of all assessments which were given initially is done to provide the basis for progress measurement and to provide information necessary for the parents and team to decide if the child should remain in the program (and have a new IEP develop-

ed) or if he should be dismissed

Activities

1. Re-evaluations (by clinicians individually or as a group)
2. Parent conferences for the purpose of discussing progress, creating new IEP's, etc.

Additional Activities

1. Frequent team meetings for two main reasons:

   a. for the communication of information needed to keep team functioning smoothly
   b. for brief review of all cases on a rotating basis (to point up those needing consultation, re-evaluation, parent conference, etc.)

Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, Illinois 61103

Parents of handicapped children are viewed as being both partners with professionals in implementing their child's educational/ therapeutic program and as being recipients of services provided specifically for them.

SERVICES FOR CHILD	PARENT INVOLVEMENT	SERVICES FOR PARENT	ROLE OF PRIMARY STAFF MEMBER
Referral/Screening/Intake	Parents Interviewed Child's Developmental History Obtained Screening Results Discussed		Importance of Initial Contact: 1) gather information 2) establish relationship 3) giving support and/or information
		Parent Orientation: 1) to assessment process 2) child services 3) parent services 4) parent participation	Provide Orientation: 1) anticipate concerns/ questions of parents 2) referral for other services
Assessment	Parents Observe and Participate in Assessment Process		Views Parent as Valuable Contributor to Assessment Process. Utilizes Parent Input
Child Eligible for Services	Assessment Results and Eligibility Discussed With Parents	Parent Eligible for Services	Discuss Eligibility Referral to Other Services If Ineligibile
		Parent Needs Assessment Process: 1) Informal a. interview b. subjective impressions	Explain Purpose of Needs Assessment Instruments; Get to Know Parent Better

Attachment 2.

SERVICES FOR CHILD	PARENT INVOLVEMENT	SERVICES FOR PARENT	ROLE OF PRIMARY STAFF MEMBER
		2) Formal a. Interview b. Parent Questionaire c. Parent Scales d. Professional Assessment of Parent Needs	Summary of Parent Needs Referral for Other Services
IEP Development	Parents Active Participants in IEP Staffing and Parent Needs Considered in Program Development	Orientation and Training in IEP Process and Procedure	Actively Seeks Parent Involvement in IEP Development Parent Services Plan
Program Delivery	Parents Active Participants in Child's Program According to Readiness Level: 1) Attendance 2) Observation 3) Assistance 4) Participation 5) Planning 6) Leadership	Program Delivery	As Child's Program Begins Assesses Parent's Readiness Level for Involvement. Seeks to Involve Each Parent Appropriately Including Strategies for Reaching "Difficult" Parents
		Parent Services: 1) Parent-Child-Teacher Interaction 2) Parent-to-Parent Interaction 3) Parent Sharing and Information Groups 4) Counseling Services	1) Empathetic, Understanding and Supportive 2) Facilitates Parent Matches 3) Leads or Co-leads Groups With Parent; Acts As Resource Person for Parent Led Group(s) 4) Identifies Counseling Resources; Makes Referral When Appropriate

SERVICES FOR CHILD	PARENT INVOLVEMENT	SERVICES FOR PARENT	ROLE OF PRIMARY STAFF MEMBER
Reassessment (Ongoing/Annual)	Results Shared With Parents and Jointly Plan New Goals With Staff	Reassessment (Ongoing/Annual)	Continually is Sensitive to Parent Needs/Concerns Reassess and Document Parent Progress on Annual Basis
	Parent Evaluates Services Child Receives	Parent Feedback on Services Received	Encourages Feedback From Parent on an Ongoing Basis. At Least Annually Provides Parent Opportunity to Formally Evaluate Services
Termination/Transition	Discuss Recommendation With Parent; Parent Consents to Transfer of Information; Parent Attends Staffing; Visits New Program	Referral, Follow-up	Referral, Preparing Parent, Informing Parent of Rights, Attending Staffing With Parent, Advocacy, Support, Follow-up

Summary of Impact Indicators
FY 1982

Increasing Awareness	
- Number of persons requesting additional materials/ information	105
- Number of persons visiting demonstration site	142
Product Development/Distribution	
- Number of printed publications available	31
- Number of printed publications distributed	3543-Total materials
- Number of AV materials available	3 no counting
- Number of showings of AV materials	69* materials used
- Number of viewers	1640* in training
- Number of children receiving new/improved services via use of selected materials	724*
* These numbers are documented, actual impact is known to be higher	
Stimulating High Quality Programs	
- Number of children served at demonstration/ continuation site	270
- Type of handicap of children served at demonstration/continuation site	Non-categorical (all handicapping conditions)
- Information by replication site	- See Table 1 for New FY 82 Sites and Table 2 for Continuing Sites
Training	
- Number of college/university training programs incorporating model components	6/328 students
- Number of handicapped children served by number of persons receiving criterion training	1985 children 798 professionals
- Amount and sources of funding to support training and experiences from local/state agencies	$1824
State Involvement/Coordination	
- Assistance in developing or amending state plans, state policies, or legislation	yes, IL Commission White House Conference - Priorities for the 80's
- Assistance in supporting new positions/structure for early childhood within State Department of Education	Yes, Assessment Manual; First Chance Consortium, Technical Assistance Network

State Involvement/Coordination (cont.)

- Number of publications developed and number distributed with projects assistance in program guidelines, license, or certification	Yes, IL First Chance Directory Printed and Distributed
- Effectiveness in meeting various consortium objectives:	
1. Birth-to-Three Symposium in conjunction with HCEEP First Chance Consortium members	
2. Cost Analysis Data Collection and Summarization	
3. IL First Chance Consortium Technical Assistance Network	

Other Technical Assistance/Consultations

- Number of children served with increased high quality services	963
- Number of persons receiving information on sources of funding	8
- Number of proposals written and funded	9 written/0 funded
- Cost-benefit consideration and analysis	Yes, First Chance Consortium

TABLE 1 - New Sites

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	Site Status	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
Indiana							
Allen County Association for the Retarded Johnny Appleseed Center 2542 Thompson Avenue Fort Wayne, Indiana 46807 (219) 456-4534 Carol Lewark, Director of Education	NS	12 full time 6 part time	$200,000 County tax dollars Dept. of Mental Health Title I -89-313 Title XX	Consultancy Model Parent Program	74 monthly 107 annually	Parent assessment	Parent groups for difficult to reach parents Increased parental involvement in intervention sessions Utilizing consultation within team
Cardinal Center 504 North Bay Rd. Warsaw, In. 46580 (219) 267-3823 (changed coordinators 3 times in past year) Valerie Lance, Children Services Director	NS	3 full time 5 part time	$50,000 Dept. of Mental Health Title XX United Way	Consultancy Model Parent Program (RIDES)	25 monthly 36 annually		Improved assessment process Increased parent involvement in IEP development and in intervention sessions Improved consultation process
Developmental Services, Inc. 2920 Tenth Street P.O. Box 1023 Columbus, In. 47201 (812) 376-9404 Hannah Schertz Program Consultant	NS	12 full time 1 part time	$269,500 (excluding unemployment) 89-313 grant Dept. of Mental Health	Consultancy Model Parent Program Curriculum Syllabus	70 monthly 80 annually		Total restructuring of 3-5 program to include parent involvement, less directed-therapy and increased consultation time within classroom

TABLE 1 - New Sites

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	Site Status	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
Fulton County Assn. for Retarded Citizens Manitou Training Center East 18th Street Rochester, IN. 46975 (219) 223-6963 Kay Eller, Coordinator	NS	2 full time 2 part time	$37,484 Dept. of Mental Health Title XX	Consultancy Model Parent Program (RIDES)	10 monthly 14 annually		Increased parent involvement in all aspects of program. Use of consultation with therapists
Marshall-Stark Development Center, Inc. 1901 Pidco Drive Plymouth, In. 46563 (219) 936-9400 Margaret Schaller, Director of Developmental Services	NS	4 full time 2 part time	$45,000 Dept. of Mental Health	Consultancy Model Parent Program (curriculum syllabus) (RIDES)	21 monthly 30 annually		Increased involvement of parents. Parent groups Utilizing consultation process within program Curriculum resources
Porter County Assn. for Retarded Citizens, Inc. 750 Ramson Rd. Valparaiso, In. 46383 (219) 464-9621 Judy Woidke, Home-Start Director	NS	2 full time 3 part time	$65,000 DPI 89-313 County tax dollars United Way Dept. of Mental Health	Consultancy Model Parent Program (RIDES)	32 monthly 46 annually		Increased parent involvement in all aspects of program. Improved use of consultation process.
Woodlawn Center 1416 Woodlawn Ave. Logansport, In. 46947 (219) 722-3109 Diane Goyer, Director 0-5 Program	NS	6 full time 3 part time	$65,000 Dept. of Mental Health Title XX County tax dollars	Consultancy Model Parent Program	38 monthly 55 monthly		Parent groups Increased parent involvement in intervention sessions. Increased use of consultation process.

TABLE 1 - New Sites

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	Site Status	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
Kentucky							
West Kentucky Easter Seal Center 2229 Mildred Street Paducah, Kentucky 42001 (502) 444-9687 David Gillespie, Audiologist	NS	13 full time 2 part time 4 teacher units	$225,000 estimated annual telethon Title XX Dept. of Mental Health Client fees Kiwanis Club	Consultancy Model Parent Program	54 monthly 78 annually	Parent Program "High Risk" follow up program Brochure/Child Development Information	Increased parent involvement in IEP development and in intervention sessions. Established a parent room at Center More consultation among staff and less isolated therapy service
Wisconsin							
Racine County Opportunity Center 1032 Grand Avenue Racine, WI 53403 (414) 637-1194 Mary Schlafke, Early Intervention Coordinator	NS	8 full time 11 part time 5 teacher units	$290,128 51.42 funds Title XX Dept. of Social Services Title XIX	Consultancy Model Parent Program Curriculum Syllabus	70 monthly 95 annually	Parent needs assessment	Increased parent involvement in the IEP process and the intervention sessions Utilize parent assessment instrument Utilizing consultancy Model with decrease in direct therapy
Unified Board of Grant and Iowa Counties 250 North Court Platteville, WI 53818 (608) 348-3001 Mary Barton, Coordinator	NS	2 part time 1 teacher unit	$23,000 County funds	Consultancy Model Parent Program (Curriculum Syllabus)	20 monthly 30 annually	Increased 1 teacher to full time	Increased parent involvement in intervention sessions Utilizing consultancy model Improved screening process Parent groups and counseling available
Total Impact - FY 82	36	117 Staff trained	$1,270,112		571 children services	receiving improved	

TABLE 2 · Continuing Sites

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
ILLINOIS						
Developmental Learning Center 702 N. Logan Avenue Danville, Illinois 61832 (217) 442-4840 Jean Thompson (Director, 0-3 Program)	4 full time 1 part time (3 teacher units)	$80,351 Dept. of Mental Health, County 708, United Way	Consultancy Model not fully implemented	50 monthly 72 annually		Increased parent involvement in IEP development and intervention sessions
El Valor Corp. 1840 West 21st Street Chicago, IL 60608 (312) 666-4511 Candy Percansky, Program Coordinator	3 full time 3 part time (2 teacher units) (total staff turnover during FY 1981 many positions currently vacant)	$92,423 Dept. of Mental Health, United Way	Consultancy Model RIDES Curriculum Syllabus	30 monthly 43 annually	Center-based/group (services) Parent Group	Screening and assessment (developmental check list) Utilization of parent-infant educator Available curriculum resources
Lakeview Learning Center 4919 North Clark St. Chicago, IL 60640 (312) 334-6290 Sheryl Lewis (Director)	2 full time 2 part time (1 teacher unit)	$46,000 Dept. of Mental Health	Consultancy Model DDST Training Curriculum Syllabus RIDES Parent Program	25 monthly 36 annually		Screening and assessment IEP development Curriculum resources Increased parent involvement

TABLE 2 - Continuing Sites

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
Westside Parents of Exceptional Children Infant Program 1819-25 S. Kedzie Avenue Chicago, IL 60623 (312) 555-8112 Pearl Peoples (Assistant Director)	2 full time 4 part time (2 teacher units)	$51,000 Dept. of Mental Health	Consultancy Model partially implemented Curriculum Syllabus	25 monthly 36 annually	Consultation Process Community Awareness/Child Find Plan	-Improved organizational structure - Improved team functioning
OHIO						
Doty House, Inc. 4710 Timber Trail Dr. Middletown, Ohio 45042 (513) 423-9496	1 full time 3 part time (1½ teacher units)	$14,500 County and State Dept. of Mental Retardation, private funds	Consultancy Model Parent Program	9 monthly 12 annually	Parent Orientation to program Parent Services	Increased parent involvement in IEP development and intervention sessions
WISCONSIN						
Development and Training Center 2857 Western Avenue Eau Claire, WI 54701 (715) 834-0581 Helen Andreson (Director)	3 full time 1 part time (2 teacher units)	$40,442 State, County Human Services Board, United Way	Consultancy Model Parent Program	27 monthly 39 annually	Parent Needs Assessment Parent Group Centered based service delivery option	Consultation Process Transdisciplinary team functioning Parent Services Increased parent involvement Increased ability to work with "difficult" parents

TABLE 2 - Continuing Sites

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
Langlade County Health Care Center Infant Program 1225 Landlade Road Antigo, WI 54409 (715) 623-2394 Linda Strassenburg (0-3 Program Director)	2 full time 1 part time (1 teacher unit)	$30,000 County Human Services Board	Consultancy Model (Curriculum Syllabus) Parent Program	12 monthly 18 annually	Community Awareness/Child Find Plan	Improved organizational structure Revised IEP development with parent involvement Screening and assessment Parent Services Increased parent involvement Increased ability to work with "difficult" parents
Penfield Children's Center 833 North 26th Street Milwaukee, WI 53233 (414) 344-7676 Lois Pedersen (Program Director)	36 full time 6 part time	$740,000 County Human Services Board, State Title 19, P.L. 89-313, United Way	Consultancy Model RIDES Parent Program	60 monthly 87 annually	Parent Needs Assessment Parent Groups	Improved organizational structure Consultation process Transdisciplinary team functioning Parent Services Increased parent involvement in IEP development & in classroom sessions Increased ability to work with "difficult" parents View Parents Developmentally

Description of Model Utilization Sites (FY 1982)

Model Utilization Site	# of Full and Part Time Staff	Amount(s) and Source(s) of Funding	Model Components Used With and Without Adaptation	Number of Children Served	New Services Not Previously Supported	Improved Services at Existing Site
Taylor County Human Service Center Early Intervention Program 219 S. Wisconsin Ave. Medford, WI 54451 (715) 748-3332 Sally Arndt (0-3 Program Director)	1 full time	$16,000 State, County Human Services Board	Consultancy Model (Curriculum Syllabus) Parent Program	9 monthly 13 annually	Parent Needs Assessment	Improved organizational structure In-service training and consultation Parent Services Increased parent involvement
TOTAL IMPACT	75 staff trained	$1,069,316	356 children receiving improved services			

I. Increasing Awareness

Project RHISE used a variety of methods to create awareness of: the importance and effectiveness of early intervention for young handicapped children; the services available for these children; and the importance of identifying of children in need of services. A second level of awareness activity was in relation to the Project RHISE Model and technical assistance capabilities. The following are the specific expected outcomes for awareness activities and the accomplishments in relation to each.

Expected Outcome 1: Project RHISE will coordinate the Northwestern Regional Illinois Network for Parents. Impact will be measured by number of meetings, number of individuals involved, number and type of written materials developed, number of written materials disseminated and description of ongoing information delivery system.

Actual Outcome: Project RHISE no longer assumes leadership responsibility for the Northwestern Regional Illinois Network for Parents. Project RHISE initiated the formation of the network in this region and has continued to serve on the steering committee. The current leadership has failed to follow through on various activities which were previously planned (see V. Stimulating Increased State Involvement, Expected Outcome 2 for more information). Due to the change in leadership, this objective was not completed.

Expected Outcome 2: Develop an awareness presentation for local, regional and state level administration, directors and officials. Documentation will include description of content of presentation, including type and number of written materials. Impact will be measured by number of presentations performed, number and position of those attending presentations.

Actual Outcome: Project RHISE/Outreach staff developed the document, "Back to Basics: What are the Basics" (see Attachment 1) to fulfill this objective. A decision was made to distribute the document to the agencies directly serving handicapped children so that they could utilize them with their funding sources, state officials and boards of directors as their specific circumstances dictate, rather than to have the RHISE staff attempt to do the presentations. There have been approximately 50 copies of the document distributed to agency staff members representing over 30 different educational agencies. The document was also summarized in the last issue of the Project RHISE/Outreach newsletter.

Expected Outcome 3: Project RHISE and it's replication sites will distribute approximately 500 "Child Development Charts" among clinics, hospitals, private offices, schools, and community information exchanges. Distribution will occur partially in coordination with developmental screening events scheduled for child find purposes. Documentation will include number of charts distributed and location of distribution.

Actual Outcome: Project staff revised the "Child Development Chart" to provide the community with current developmental information (see IV. Product Development and Dissemination, Attachment 5). The format was changed so that developmental skills are listed in age ranges (i.e. from 1-3 months; 3-6 months, etc.). Behavior indicators and specific skills of the chart were obtained from the Rockford Infant Developmental Evaluation Scales (RIDES) with permission from the publisher, Scholastic Testing Services, Inc.

A total of 574 "Child Development Charts" were distributed during FY 1982. The distribution was as follows:

Number	Purpose
206	Hospitals, doctors, community social service agencies, civic leaders in Boone, Winnebago, and Ogle Counties
244	Workshops, conferences and presentations
50	Child find screenings
21	Northern Illinois University - Home Ec. Dept.; Rockford School of Medicine
14	Families with children enrolled in Children's Development Center programs
39	Professionals in programs throughout the midwest
574	

These charts were distributed in Illinois, Wisconsin, Indiana, Minnesota, Kentucky, and Ohio.

Expected Outcome 4: Project RHISE and it's replication sites will obtain local media coverage of relevant activities an estimated five (5) times by June 30, 1982.

Actual Outcome: Project RHISE has received media coverage on at least three (3) occasions. On March 25, 1982, Project RHISE activities were cited in a news release in the Peoria, Illinois newspaper which included all participants in the birth-to-three symposium (see Attachment 2); May 19, Project RHISE was included in a feature article about Children's Development Center and their auxilary luncheon (Rockford-Register Star); on June 25, an explanation of Project RHISE and the discontinuation of funding as of June 30, 1982 was explained in depth in the Rockford Register Star article which quoted Steve Smith, Project RHISE Director, and Jean Adams, CDC Executive Director (see Attachment 2).

All replication sites were strongly encouraged to secure local media coverage for pertinent activities, but Project RHISE did not receive any official documentation of their media coverage. The majority of the Project's sites already have developed sizeable waiting lists and have become very selective in using publicity.

Expected Outcome 5: Project RHISE will maintain the loaning of the film "Hello, Somebody..." as an option on it's product list and will loan the film to all model utilization sites. Project RHISE will publicize and assist sites in publicizing PB's broadcast of the film. Documentation will include number of sites showing film and publicity activities.

Actual Outcome: Project RHISE has continued to assist Children's Development Center in the loaning of the film "Hello, Somebody..." during FY 1982. The film was shown by 63 institutions. It is estimated that the film was viewed by over 1575 people (this is an estimate based on the average audience attendance of 25 people as borrowers do not always indicate the size of the audience). A variety of persons are known to have viewed the film including educators, health care professionals, university staff and students, parents and civic groups.

As Children's Development Center entered into an agreement with Public Broadcasting System (PBS) for broadcasting "Hello, Somebody..." through the PBS network, it was not possible for local stations outside the PBS network to show the film. Project RHISE notified individual replication sites regarding PBS telecasts and received feedback from programs all over the midwest indicating they had seen the movie on PBS. It is not possible to estimate the total impact of the showings on PBS.

Expected Outcome 6: Project RHISE will assist at least six (6) model utilization sites in developing a comprehensive community awareness plan. Implementation of these plans will increase the number of children referred to the programs. Documentation will include number of plans developed and number of children referred for service as a result of the community awareness activity.

Actual Outcome: Although Project RHISE had created the format for developing community awareness plans and had utilized the format with several sites during FY 1981, the impact of the funding reductions during FY 1982 on the sites was such that none of the programs wished to develop systematic, aggressive plans for child find. All but one of the programs Project RHISE provided technical assistance for during FY 1982 were faced with significant reductions (10% - 50%). As a result, most had to create waiting lists for services. Technical assistance efforts toward this objective took a different direction. Much energy was directed toward the following areas with many of our sites:

1) That sites recognize the necessity to continue to do some community awareness activities to insure equal opportunity for services for all children/families.
2) That the programs eligibility criteria be reviewed and, if necessary, modified to clearly define what children were eligible for services and that these criteria be utilized during the screening process to determine which children to serve.
3) That the programs develop clear criteria for termination of services; especially prior to the child's reaching maximum age level for the program and that these criteria

be utilized to create "openings" in the program when appropriate.

4) That alternative services be identified for referral of children ineligible for the program or for children who were on the waiting list.
5) That sites create several strategies for serving families in order to increase the number of children served (e.g., larger groups, more parent involvement, less frequent sessions, drop-in time for parents who have difficulty keeping regularly scheduled appointments, etc.).

Expected Outcome 7: Project RHISE will make four (4) presentations at regional, state, or national conferences by June 30, 1982 speaking to the need for services for handicapped infants and the potential of the RHISE Model to meet those needs.

Actual Outcome: Project RHISE staff made eleven (11) presentations at eight (8) conferences (see Table 1), with multiple presentations at several conferences. Project RHISE was specifically requested to present at two of the eight conferences which resulted in travel expenses being reimbursed. A total of 492 professionals were provided with general information and/or indepth training at the eight conferences.

Expected Outcome 8: The Project RHISE "Early Intervention Newsletter" will be distributed quarterly to programs, individuals and state agencies in the nine-state target area and nationally to others requesting it. It is estimated that 500 copies will be distributed per issue.

Actual Outcome: Due to the increase in postage and the number of persons represented on our mailing list, Project RHISE distributed two editions of the "Early Intervention Newsletter" in April, 1982 and June, 1982. Over 900 copies of the newsletter were mailed to early intervention programs and various professionals throughout the United States for each edition.

The content of the newsletter focused on increasing awareness of components of the consultancy model, review of current literature with an emphasis on products developed through the HCEEP First Chance network, conferences and workshops reviews and editorial comments addressing the state of the art (see Attachment 3).

Expected Outcome 9: All requests for information and materials received by Project RHISE (an estimated 100 requests) will be responded to with the requested material and with a brochure, product list, and technical assistance brochure.

Actual Outcome: There were a total of 105 requests for information from 32 different states and two requests from New Foundland. Of the 105 requests, 62% (65) came from within the nine state target area. Requests were as follows:

Conference Presentations

Table I

Conference	Date	Topic(s)	Number of Participants	Amount of Funding to Support Training
1) Illinois Council for Exceptional Children Chicago, Illinois	10/16/81	"Working with Parents: A Developmental Approach"	75	
2) Wisconsin Council for Exceptional Children Milwaukee, Wisconsin	10/29/81	a) Working with Parents: Strategies, Methods and Techniques b) Working With Difficult Parents	52 160	
3) Governor's Conference on Violence in the Family Eau Claire, Wisconsin	11/7/81	a) The Teacher's Role in Identifying Children from Violent Families b) Handicapping Conditions and Abuse: Multiple	28 5	$163.00
4) Council for Exceptional Children Houston, Texas	4/13/82	Readiness Levels for Parent Involvement	55	
5) Midwestern Association for the Education of Young Children Indianapolis, Indiana	5/8/82	a) Working With Parents: A Developmental Approach b) Environmental Design: It's Not Just For Big Corporations	5 9	
6) Third Annual National Rural Workshop - HCEEP Rural Network Salt Lake City, Utah	5/5/82	Readiness Levels For Parent Involvement	16	

Table I cont'd.

Conference	Date	Topic(s)	Number of Participants	Amount of Funding to Support Training
7) Second Annual Interact Conference Boston, Massachusetts	6/8/82	Reaching Unreachable Parents	37	
8) The Fourth Statewide Poly-institute Department of Public Instruction Stevens Point, Wisconsin	6/29/82	Parent-Staff Relationship: The Key to Child Progress	50	$183.00

Information Requests

Location	# of Requests	% of Total
Iowa	4	4
Illinois	29	28
Indiana	6	6
Ohio	4	4
Michigan	1	1
Minnesota	2	1
Wisconsin	19	18
Other States	38	37
Other Countries	2	1
	105	100

Expected Outcome 10: Two articles will be submitted for publication in professional journals and newsletters by May, 1982.

Actual Outcome: Project RHISE staff submitted four (4) parent assessment instruments to TADS for consideration/inclusion in their "Gathering Information From Parents" publication. Three (3) of Project RHISE's instruments were included in the 15 instruments chosen to be reviewed in the TADS script. This has resulted in 18 letters to date for copies of instruments, many of which were for more than one instrument. There were actually 30 requests for specific instruments. Two Project RHISE staff were also co-editors of a manual, "Early Childhood Assessment: Recommended Practices and Selected Instruments," which will be published in the Fall of 1982 by the Illinois State Board of Education and distributed to all psychologists, teachers, and therapists working with young handicapped children in early childhood settings. The manual was developed through a contract with Children's Development Center. Some Project RHISE staff time was utilized and several Project RHISE products were included in the manual with full credit to RHISE for their use.

Expected Outcome 11: Project RHISE will accomplish ten (10) demonstrations of the RHISE Model at the demonstration site combined with formal explanations of the model by June 30, 1982.

Actual Outcome: Four (4) model demonstrations (½ - 2 days) have occurred at Children's Development Center for a total of 16 persons. Programs visiting CDC observed intervention activities, were presented an overview of the RHISE service delivery model, discussed volunteer program development, and utilized the RHISE resource library. The following programs visited CDC to participate in those activities:

Model Demonstrations at CDC

Penfield Children's Center Milwaukee, WI	7/09/81	1	½
Development and Training Center Eau Claire, WI	9/15/81 9/16/81	5	2
Marshall-Starke Development Center Plymouth, IN	10/21/81 10/22/81	1	2
Porter Co. Assoc. for Retarded Citizens - Valparaiso, IN	10/21/81 10/22/81	1	2
Developmental Learning Center Mendota Heights, MN	4/29/82	4	½
Racine Co. Opportunity Center Racine, WI	4/29/82	2	½
Unified Board of Grant & Iowa Co. Plattville, WI	4/29/82	2	½

Two factors coincided during FY 1982 which made scheduling site visits at Children's Development Center somewhat difficult. CDC's Early Intervention Program was without a director for a large portion of the program year and CDC was without an executive director for two months. Secondly, due to budget constraints for the majority of the RHISE sites, it became increasingly difficult for programs to allocate funds to their staff for travel expenses to Children's Development Center.

ATTACHMENTS

Attachment 1.

Back to the Basics: What are the Basics?

There are certain basic assumptions and premises upon which early intervention programs should be based. They are derived from research, theory, and related literature, and confirmed by the cummulative experience of numerous programs throughout the United States. These premises are the foundation - the vital essence, so to speak - of any early intervention program which is effective in minimizing the effects of atypical and/or delayed behavior in children and in maximizing the children's growth and development. This is not to say that all programs are alike or that there is uniformity in strategies, methods, and techniques of the service delivery program. Nor does it mean that these programs have fully realized and implemented the implications inherent in these premises. What this means is that programs which are effective in producing significant and lasting improvement in the children they serve have all formally recognized or informally understood these premises; that they have developed strategies, methods, and techniques for serving children based on these premises; that they have implemented services in their own unique way based on their resources, constraints, and particular situation; and that they are involved in a continual process of dynamic growth manifested by ongoing evaluation of all aspects of their program. For programs like these, the basic premises serve as the general parameters and provide program standards even when the circumstances of the agency change. The premises in this document have been selected by Project RHISE/Outreach staff. There may well be other premises which could have been included. The list is not meant to be comprehensive. Rather, it is an attempt to identify the basics - those premises which provide the fundamentals upon which the program is based. Each is seen as vital - in fact, indispensable. If any were to be eliminated or ignored by a program, the effectiveness of that program would be greatly reduced. Back, then, to the basics...

Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, Illinois 61103

The "Basics" of Early Intervention Services

Premise 1. *That early intervention is effective in minimizing the effects of atypical and/or delayed behavior and of maximizing a child's growth and development.*

"We found a cluster of five interrelated program characteristics related to positive outcomes:

1. Age of intervention - the earlier the better
2. Adult-child ratio - the fewer the better
3. Number of home visits - the more the better
4. Direct participation of parents - the more the better
5. Services for families, not just the child - the more, the better."

(Lazar. 1981. p.305)

"If there is anything that our research tells us is definitely demonstrated, it is the effectiveness of early intervention with handicapped children."
(Hayden. 1981.)

"Research results show that children who participated in an early development program were placed in remedial special education classes less often during their years in school than control children who did not participate. Similarly program children were found to be held back in grade less often during their school years and demonstrate superior social, emotional, cognitive, and language development after entering school compared to similar groups of control children. Intelligence tests given to children who participated in early development programs show that they received higher IQ scores compared to control groups of children who did not participate. We believe that much of the significance in these results is due to the high degree of parental involvement."
(Comptroller General Report. 1979. p.30)

Premise 2. *That early intervention services are cost effective in that monies spent for services for young children result in a substantial savings in the child's educational experience and community life.*

"As the earlier research had indicated, the results of the federal program and associated research have demonstrated that children of all disability types can and will show increased learning if enrolled in any of a wide variety of preschool and infant programs.

Further, these programs are often less expensive than later programs for school aged children, and they result in many children demonstrating less severe disabilities during the school years."

(Martin. 1982.)

"Researchers and interventionists have collected further evidence, some of which we have reviewed above, which corroborate the conclusion that intervention beginning in the first two years--the years of rapid growth and development--is more effective than beginning later in a child's life. Moreover, as

we will point out in a later section, these services, though initially expensive, decrease the cost of special services to children over time."

(Garland. 1981. p.7)

"Delaying intervention means more children requiring more services at higher costs; early intervention for the same population means fewer children requiring high cost services."

(Garland. 1981. p.15)

Premise 3. *That a child's needs can best be understood and met through the effective use of a transdisciplinary team working in collaboration with the parents.*

"The term 'transdisciplinary' rather than 'interdisciplinary' has come into vogue as a more suitable experession for team functioning. The transdisciplinary approach as described by Haynes (1976) markedly reduces the number of one-to-one interventions by professionals. Following evaluation, in which all team members are involved, one or two members, based on the child and family needs, serve as team facilitator(s). The concentration of responsibility in the hands of the facilitator reduces parental confusion. Haynes also points out that an excessive number of separate adults interacting with the infant 'between' the infant and mother could impede the development of attachment in an already stressed family. She suggests that the parent provide a great deal of the hands on activities with the infant in order to facilitate formation."

(Kelly. 1980. pp.26-27)

"When preschool or early childhood programs become transdisciplinary with personnel who have been trained as members of a team and who have experienced the critical difference such cooperation makes in the lives of all concerned, the professional, the child, and his or her parents all stand to benefit."

((Anastasiow. 1981. p.278)

Premise 4. *That services must be provided to the family with the least disruption to the family/home life.*

"The task in working with parents is to take into account the stress that they may be under and strive not to add to it while at the same time taking advantage of the unique contribution that parents can make in facilitating their child's development."

(Ramey, Beckman-Bell, & Gowen. 1980. p.80)

The involvement of parents working outside the home remains a serious dilemma with no ready solutions. The important contributions of the father, who typically works outside the home, have been recognized in recent years (e.g. Brazelton, 1979; Clarke-Stewart, 1978; Lamb, 1977; Howells, 1973). And, the May 19, 1980 issue of Newsweek reported that 43% of mothers with children under six years of age were working outside the home. These facts emphasize the need to develop methods for accommodating both working mothers and fathers in the intervention process."

(Kelly. 1980. p.25)

"In infancy, from birth to approximately 18 months, any change in routine leads to food refusals, digestive upsets, sleeping difficulties, and crying. Such reactions occur even if the infant's care is divided merely between mother and

babysitter. They are all the more massive where the infant's day is divided between home and day care centers;... Every step of this kind inevitably brings with it changes in the ways the infant is handled, fed, put to bed, and comforted. Such moves from the familiar to the unfamiliar cause discomfort, distress, and delays in the infant's orientation and adaptation within his surroundings."

(Goldstein. 1973. p.32)

Premise 5. *That the optimal development of the child is dependent upon a strong, positive and mutually satisfying parent-child relationship.*

"...Bronfenbrenner (1975) reported that intervention is most effective when the program is home-based, begun when the child is very young, involves the parent directly in the activities fostering the child's development, and encourages reciprocal interaction between the mother and child.

These conclusions that effective early intervention must include parent involvement are supported by research efforts demonstrating that the quality of the interaction between parents and infants is critical to infant development."

(Kelly. 1980. p.6)

"It is my belief that the basic reason these early programs had such long-lasting effects is not curricular, but rather, is a result of changes in parents' values and anticipations for their children."

(Lazar. 1981. p.305)

"The focus within a preschool setting should continue, however, to be on maximizing the child's potential within the family. The fostering of a good parent-child interaction and an enriching home environment should continue to be major goals of the program, along with helping to meet the individual needs of parents. Parents should, therefore, be participants in the program. Yet, toddler-aged handicapped preschoolers are commonly separated from their parents for "educational" programs for long intervals in the day. In my opinion, this practice is not based on good child development theory or empirical data.

Literature is accumulating that casts serious doubt on the efficacy of separating handicapped toddlers from their mothers for long school days. There is some evidence that handicapped children display less attachment behavior (Prechtl, 1963; Stone and Chesney, 1978; Stone, 1979). If handicapped children do become attached, they are likely to experience difficulty advancing through the separation stage; separating a child before the child has separated himself can have harmful effects (Mordock, 1979)."

(Kelly. 1980. pp.20-21)

"The most potent forces for fostering the development of the child, including the child of poverty, are the persons with whom the child has developed intensive and enduring emotional relationships, namely; his parents, relatives, and others (children and adults) with whom he becomes closely involved on a one-to-one day-to-day basis...

The younger the child, the greater the importance of the intensive, enduring one-to-one relationship...

An appreciable and enduring improvement in the child's development can be affected only through an appreciable and enduring change in the behavior of the persons intimately associated with the child."

(Bronfenbrenner. 1970. p.6)

"Achievement of the short-term goal - mutually pleasurable parent-infant interaction - is believed to be instrumental to the achievement of the long-term goal--optimal development of the infant."

(Bromwich. 1981. p.16)

Premise 6. *That the primary facilitator of the child's development is the parent(s) or parent substitute.*

"The evidence indicates that the family is the most effective and economic system for fostering and sustaining the development of the child."

(Bronfenbrenner. 1974. p.35)

"Gains from parent intervention during the preschool years were reduced to the extent that primary responsibility for the child's development was assumed by the staff member rather than left with the parent, particularly when the child was simultaneously enrolled in a group intervention program."

(Bronfenbrenner. 1975. p.593)

"The findings show that substantial changes in the environment of the child and his principal caretakers can produce positive developmental changes considerably greater and more enduring than those achieved by the most effective intervention techniques when the home environment is left essentially unaltered.

(Bronfenbrenner. 1975. p.587)

"Data indicates that a critical factor in the success of an early childhood development program is achieving active participation in the program by parents and other family members."

(Comptroller General Report. 1979. p.17)

"Parents should be in control of what happens with their infant as well as of their own actions during the intervention sessions. It is especially important that parents have a sense of control when intervention takes place in the home...

When the parent feels that she is in conrol, she will be more likely to take active responsibility for her infant and less likely to slide into a passive role or to become overly dependent on the staff. The staff should be conscious at all times of whose baby it is and of the fact that they are 'guests' in someone else's home. The parent's feeling of control is enhanced when she is able to choose as often as possible the date and time of the sessions. During the first few sessions, until mutual trust is established, it is important that the staff ask for the parent's permission before touching or picking up the baby, or even before giving him toys to play with."

(Bromwich. 1981. pp.20-21)

Premise 7. *That one primary person relating to the parent and the child is the most desirable way to transfer knowledge and skills to the parent.*

"Each case accepted for service is assigned at intake to a therapist and a supporting team. From the start the therapist is identified to the family and the referring agency; and will carry through, both in the assessment period and the treatment program. (We place great importance upon this form of intake. Parents in need, parents in crisis, must have a *person*, not an agency, to represent

help and promise. The initial transference to this person, who represents a responder to need, may be the crucial determinant in outcome of the work.) A supporting team (some members of which may, in practice, be invisible to the patient) is assigned at the same time."

(Fraiberg. 1980. pp.14-15)

"Our plan, then, insures continutiy in the relationship between the family and one central person on our staff. The advantages are self-evident. The transference which comes from 'need and a responder to need' is a precious gift to the therapist as well as the patient. The practice in many clinics, which results in transfer from the intake worker to the therapist, is a tragic waste of this 'gift'. For patients like ours, for whom last and broken relationships, disappointment in love, and rejection are central to their conflicts, the institutionalized clinical practice of separate 'intake' and 'treatment' becomes one more broken relationship in the chain.... It is our hope, then, in the practice which we follow, to give an implicit message to our parents and their children (we have toddlers who can understand) that trust, personal devotion, and steadfastness are qualities which we value and will pursue at all costs in our work, and that these are values which can become their own."

(Fraiberg. 1980. p.32)

"A critical appraisal of infant intervention programs suggests solid reasons for capitalizing on the parent potential for involved parent participation in programming their atypical infant.... A major objective of the transdisciplinary approach, then, is to strengthen parent skills and understanding in the care and training of their infant, to minimize their dependence upon outside intervenors and, by these actions, to maximize the 'natural advantages inherent in parental care."

(Haynes. 1974. p.525)

"To this end, the extension of professional services is viewed as moving primarily through the parent (caregiver) to the infant. Professional assistance is aimed at strengthening and expanding parent understanding and skills in the care and training of the atypical infant and young child...

To the maximum extend (sic) consistent with sound and ethical professional practices, it endeavors to pass through to the parents, for their understanding and implementation in a program of infant home care, the professional knowledge and skills commonly reserved for direct professional application."

(Haynes. 1974. pp.529-530)

Premise 8. *That the primary focus of early intervention is the promotion of appropriate parent-child interaction and the secondary focus is the transfer of knowledge and skills to the parent.*

"Further, we suggest that affective, motivational, and attributional variables are so powerful that they must be considered in working with parents and handicapped children. In the long run, explicit attention to the motivational characteristics of child and parent could lead to more improvement than specific technical training or therapeutic programs."

(Lavelle & Keogh. 1980. p.21)

"In an effort to understand how the caregiver-infant relationship affects later development, researchers in the past two decades have studied discrete elements

in the interaction and their affect on child development. These studies have shown that early interaction between the parents and infant affects the skill development of the child both immediately and later in life."

(Kelly. 1980. p.7)

"Establishment of a positive interactional relationship between the child and his/her caregivers underlies the twin concepts of the parent or caregiver as the primary programmer and the use of the transdisciplinary approach."

(Connor. 1978. pp.27-28)

"Research findings have demonstrated the relationship between the quality of parent-infant interaction and the infant's development (Rubinstein, Matas, Arends, and Sroufe, 1978; Stevenson and Lamb, 1979). These findings seem to support an interaction model of intervention. Positive and mutually rewarding interactions between parent and infant are likely to lead to the ultimate goal of optimal infant development. However, it appears that simply including the parent in the educational process is not enough. The intervention must be oriented to the parent-infant system - toward supporting and enhancing the complex transactions that take place in that system."

(Bromwich. 1981. p.13)

"When early interactions have not resulted in a mutually satisfying relationship, that is, when bonding and attachment have not been established satisfactorily, the subsequent interactions may fail to lead to the kind of relationship and communication system that will enhance the infant's development. It then becomes the role of intervention to examine or to assess the nature of the interaction process taking place between the parent and infant and to intervene to help make their behavior with each other more reciprocal and their interaction more mutually pleasurable."

(Bromwich. 1981. p.9)

Premise 9. *That a comprehensive assessment of both the child and the family to determine current level of functioning (strengths and needs) is necessary to provide appropriate, effective services.*

"The assessment itself may cover five to seven sessions, in which baby and his family are visited at home; one visit is scheduled at the clinic for testing.

At the close of the assessment period, either a staff team or the full staff, in review, will consider all the information which has been gathered, and a decision will be made regarding the best treatment alternatives for the baby and his family. The referring agency is asked to participate with us in the decision process. Thus, the treatment of choice may lead in several directions."

(Fraiberg. 1980. p.15)

"With this initial picture of the baby and his parents, we sit down for a long talk with the parents. We invite their questions. About the baby. About ourselves. We allow the parents to interview us, to find out everything they need to know in order to give us their initial trust. We describe our work. We ask, finally, if the parents would like us to begin visiting and to see together how we can all help Johnny with his feeding problems."

(Fraiberg. 1980. p.29)

"As for the developmental history, we consider that there are large advantages in learning the story over several sessions, with no question-and-answer format.

If we were to begin with a list of questions, we would place a questionnaire between us and the parents in need. (It is very like being an accident victim in the hospital emergency room while the admitting clerk stands between you and the physician with the crucial questions regarding the maiden name of your mother, your last five addresses, and the name of your insurance carrier.)"

(Fraiberg. 1980. p.33)

"For specialists who choose to be involved with the families of atypical children, it is necessary to be aware of the extent to which the family has or does not have the capacity to nuture and be nurtured. Specialists need to be aware of the parents' strengths, resources and ability to fill the parental role; they need to be able to assess the indicators of a nurturing environment."

(Connor. 1978. p.36)

"There are many pediatricians, nurses, health visitors, social workers, probation officers, nursery school teachers, school teachers, and child therapists who agree with these findings and conclude from them that no child should be approached, assessed, treated, nursed, taught or corrected without the parental influences being taken into account. They believe that without knowledge of the parents' influence neither the child's developmental successes and failures nor his social adjustments and maladjustments can be seen in their true light."

(Goldstein. 1973. p.10)

Premise 10. *That no single curriculum is sufficient for all young handicapped children, rather, curriculum in early intervention includes a variety of elements: therapeutic handling/positioning/treatment techniques; parent-child interactions; play activities; and structured learning events.*

"Altogether these studies included 27 different 'treatments' or curriculums. Several of the studies were originally designed to compare the effectiveness of various curriculums. On these outcome criteria we found no differences between curriculums. They all worked. This finding alone should be of particular interest to educators. Our findings suggest that the hunt for the best curriculum is a futile, or at least, a commercial search. Any reasonably designed, age-appropriate set of learning goals can be achieved in a number of ways. There are many roads to Allah."

(Lazar. 1981. p.305)

Premise 11. *That atypical behaviors are inhibited and normal behaviors are promoted most effectively if incorporated into the child's daily routine.*

"Continuity of relationships surroundings and environmental influence are essential for a child's normal development. Since they do not play the same role in later life, their importance is often underrated by the adult world."

(Goldstein. 1973. pp.31-32)

Premise 12. *That some parents will require special efforts and support in order to enable them to participate in the early intervention effort.*

"We need trust in order to do our work, but the largest number of our parents have not known trust in their own childhood experiences with parents and parent

figures. The 'helping person' is a figure contaminated from the beginning by the betrayal which many of our parents experienced in their own families at the hands of the first 'helping persons,' mothers and fathers. We need a strong desire from our families to be 'good parents,' but many of them have no models of good parenting on which to build. We need from them a wish to change, to become another kind of person, another kind of parent. However, the majority of our parents, when they first come to us, do not see change as a product of self-observation and personal growth, or of learning. They see it as something that *happens* to you. It is the result of 'good luck' or 'bad luck.'

(Fraiberg. 1980. p.28)

"In everyone of these instances - and in thousands of others - a person has to be helped to understand and, further, to want what he needs, to move in his feelings/thoughts/actions from one attitude or perspective to another. Relationship is a major dynamic in such a movement. It is a major motivation of a person's acting, thinking, and feeling in some different ways. This is because a relationship is a process (not a 'state') of building a supporting, reliable bridge between one and another. When I know that you feel with me, that you care about me, that you understand what my reasons and reactions are, then I am more likely to care about you, to want your approval, to listen to you, to take your hope and encouragement into myself and to open my mind to your suggestions or opinions."

(Perlman. 1982. p.9)

"A program that addresses the needs and problems existing in parent-infant transactional systems must of necessity be more complex than one that focuses on a single element of the system - the parent or the infant. Individual planning for each family has to be attuned to more than the developmental stage of the infant or the psychological needs of the parent. Planning must take into account the needs of the parent, the dynamics of parent-infant transactions within the context of the family, and the physical and social resources and circumstances in the home."

(Bromwich. 1981. p.8)

"The extent to which parents are receptive to intervention and feel trust in the staff depends, in large part, on the staff's sensitivity to the parents' primary needs and priorities."

(Bromwich. 1981. p.21)

"However, one relationship is very simple. If an agency is only open form 8-5, poor patients won't be able to use it, unless they are unemployed or too disturbed to work."

(Karon. 1982. p.151)

"Speer et al. (1968) support this conclusion in reporting that individuals from low-income families had significantly more difficulty regularly attending sessions than did middle-class patients. They did not differ, however, in terms of continuing in treatment."

(Lorion. 1982. p.134)

"Why is it important to recognize that the work of helping in this society deals primarily with strangers? What do we gain by emphasizing dilemmas that arise from the structure of helping relationships? Without such a recognition, there is a tendency either to blame the person needing help when existing services fail to improve his life situation, or to attack the very existence of professional helpers as the source of such failures. Neither approach provides

a basis for redefining helping work in ways that are likely to be more effective and responsible. This is because neither view prepares us to deal with the built-in dilemmas."

(Lenrow. 1982. p.56)

"There are two attitudes that I consider extremely important in working with parents. One is the understanding that parents must be treated as individuals. Involvement of parents in the education of their children must match entry-level participation with present needs and capacities of an individual parent. For example, not all parents are ready to be involved in the direct teaching of children. The second attitude is closely akin to the first. Teachers who work with parents must be flexible. They must offer a number of alternatives from which parents can choose. In addition, school personnel, including administrators, must be flexible in arranging times for parents to become involved."

(Karnes. 1981. p.42)

"The parent doesn't believe anyone has no ulterior motive. Such parents may often test the home visitor, breaking appointments, or not answer a knock at the door. They don't believe someone can value them or their ideas. Trust is built slowly. The home visitor needs to assure the parents by persistence in coming back, and by actions - such as not running in and rushing through the home visit - which show the parents they are cared about."

(Honig. 1979. p.59)

"Finally, when parents appear not caring about or incapable of handling their children, and they are not suffering from any physical or mental disability, we assume that they are not receiving the necessary societal support, or we assume that their parenting efforts are being blocked by various sociocultural realities (i.e., the lack of money, jobs, transportation, and perhaps the attitudes and behavioral patterns of those who purportedly assist them). Traditionalists usually just assume that these parents don't care, are lazy, ignorant, uncooperative and resistant. They cannot understand why they don't feed their children properly, provide them with adequate stimulation - and especially, they have no understanding of why these people don't keep appointments.

(Richardson. 1981. p.15)

Premise 13. *That a program must have a philosophy and clearly defined goals and objectives.*

"A key derivative of the technological problems encountered by human service organizations is their difficulty in developing reliable and valid measures of effectiveness (Vinter, 1963). As indicated earlier, these difficulties arise from two sources: (a) lack of clear and operative definitions of the desired outcomes and (b) inadequate knowledge about cause-effect relations. The first constraint results in the problem of defining what ought to be the criteria for effectiveness. The second constraint limits the ability of the organization to evaluate and measure the consequences of the actions it takes in in altering the attributes, behaviors or position of its clients...."

(Hansfield. 1982. p.362)

Premise 14. *That a program must be engaged in an ongoing activity of finding children in need of services, so that all children in need of service have equal opportunity for those services.*

"Using what are apparently the most valid and reliable estimates of the total population and of the handicapped population, it appears that about 17% of the population in the United States is handicapped. Applying that figure to 9,626,000 children in the birth to three age range in 1977 would give 1,636,420 handicapped children in that age range... ...a large percentage of these children are, for the most part, unserved by any well established network of service delivery. With increasing incidence of handicapping conditions because of environmental factors - teenage pregnancies; child abuse and neglect; accidents; lack of public awareness, immunization, and parent programs - the figures are no doubt low for the birth to three age range."

(Hayden. 1979. p.513)

Premise 15. *That a program must have a formal organizational structure with clearly defined and written policies and procedures which are consistent with the program philosophy.*

"A problem common among intervention programs has been the lack of connection between their avowed aims and their actual practices. In a review of infant programs, Gordon et al. (1975) suggested that program developers carefully examine their own philosophical orientations so as not to select program components or procedures that are inconsistent with their philosophy."

(Bromwich. 1981. p.20)

"We have learned that human beings can create systems that do not understand human beings and will not serve their needs."

(Roszek. 1978. p.36)

"The job of a home visitor can be at times a lonely and frustrating one. A home visitor needs a supervisor who can reassure, offer suggestions, remind him or her of techniques used more successfully with other families, serve as a sounding board for complaints, as a morale-booster for flagging faith that patience and real friendliness and interest in the families' development will win out over mistrust or apathy."

(Honig. 1979. p.69)

Premise 16. *That a program must have an inservice/staff development system.*

"Similarly, we found that while inservice training of teachers was positively related to successful outcomes for children, the prior training of the teacher was not."

(Lazar. 1981. p.305)

"Professional growth is essential in exemplary programs but it will not occur without teacher initiative. But, administrative commitment must also be present and will be reflected in the budget."

(Karnes. 1981. p.36)

"The preceding review also contains a number of implications for clinical practice. First, although there is lip service to the need for sensitive and continuing professional guidance and help at the time when parents recognize that

their infant or child is handicapped, it is clear that many professionals are ill-prepared to deal with this delicate but stressful experience. Information is not enough, and a single 'explanatory' session will be insufficient. Parents need continuing emotional and psychological support as they pass through the stages of adaptation so well described by clinical researchers. We suggest that professionals who work with parents and children with problems, such as physicians, social workers, psychologists, and teachers, recognize and accept a continuing responsibility to provide effective and supportive services. Changes in training and in professional preparation will be necessary, however, to achieve this goal."

(Lavelle & Koegh. 1980. p.21)

"Every staff member will work directly with parents at one time or another. For this reason, it is imperative for all staff to develop attitudes, knowledge, and skills conducive to success in such interactions (Karnes and Lee, 1978; Karnes and Zehrbach, 1972). Every program for handicapped children with more than one classroom also needs a coordinator, highly respected by staff, whose expertise helps to build the requisite knowledge and enhance the requisite skills. The coordinator's academic training is probably less important than the coordinator's personal attributes, but a social worker is often deemed best qualified."

(Karnes. 1980. p.96)

Premise 17. *That a program must be able to document all of the services it delivers, both to children and to parents.*

"Even more complex than the assessment of functioning in infants and their families is the assessment of the ingredients of intervention programs. Interventions usually involve a number of activities simultaneously, only some of which are clearly planned and described. In addition, the specific part of the program which facilitates the program's goals or the changes in infant and/or family may be obscure. Therefore, the first step in program assessment is to report systematically the components of an intervention program."

(National Institute of Mental Health. 1979. p.43)

"We do need to be accountable; we do need to keep data; we need data for decision making; we need data for research; we need data in order to know exactly how we are faring in our projects.... But, I do want to say that collectively we have had tremendous impact and we must consolidate our gains; we must record what we have done, and we must continue to try to further our efforts on behalf of handicapped children."

(Hayden. 1981.)

"Evaluation is essential for effective intervention. The assessment of individual change and programmatic impact requires that intervention methods and systems be undergirded with procedures that are appropriate for evaluating their efficacy. Evaluation should determine the format and success of intervention for individual children and assess the impact of programs on groups of children. Evaluation serves three distinct but complementary functions:

1. It guides development of individual programming.
2. It provides feedback about success of individual programming.
3. It provides a system for determining the value of an intervention system designed to benefit groups of children.

This inseparable mix of evaluation and intervention requires that individual group activities be woven into a unified system that has conceptual merit and practical utility."

(Bricker. 1982. pp.23-24)

Premise 18. That a program must be able to measure the progress made by children served in the program.

"Consequently, human service organizations tend to develop extrinsic rather than intrinsic measures of effectiveness (Thompson, 1967. pp. 83-98). Such measures can embrace several types: (a) measures of means rather than ends, such as number of clients processed per time unit - number of manpower hours invested in the clients; (b) measures of efficiency rather than effectiveness, such as cost per client served, speed of service; (c) measures based on the subjective evaluation by staff and testimonies of clients; and (d) measures that are indirectly related to the product goals of the agency...

The inherent weakness in the use of extrinsic measures is that they cannot provide unambiguous and specific answers to the question of organizational effectiveness. Also, such measures can be readily challenged. As a result, the organizational claims for competence tend to be precarious; the lack of valid and reliable measures of effectiveness could potentially undermine legitimacy, particularly as the public pressures for accountability increase. Concomitantly, the reliance on extrinsic measures increases the probability of goal displacement, as the organization gears its activities so it can score well on these measures."

(Hansfield. 1982. p.362)

"Accountability is a key word in education today, especially in programs which include handicapped children. Providing individualized educational programs for handicapped children is expensive, and taxpayers as well as parents, want concrete evidence that the educational program for each handicapped child is really bringing about desirable growth and positive change."

(Karnes. 1981. p.40)

"The service institution will perform, it is said again and again, if only it is managed in a businesslike manner.... It is the wrong diagnosis, and being businesslike is the wrong prescription for the ills of the service institution.

The service institution has performance trouble precisely because it is not a business. What businesslike means in a service institution is control of cost. What characterizes a business, however, is control by performance and results. *It is effectivenss and not efficiency which the service institution lacks.* Effectivenss cannot be obtained by businesslike behavior as the term is understood, that is, by efficiency.

To be sure, there is a need for efficiency in all institutions.... But the basic problem of service institutions is not high cost but lack of effectiveness. They may be very efficient - some are. But they tend not to do the right things.

...services essential to the fulfillment of the institution's purpose may be slighted or lopped off in the name of efficiency."

(Drucker. 1974. pp.137-138)

Premise 19. That the early intervention program staff can minimize the stressful effects of transition on the children and their parents as the child leaves the program.

"Follow-up and transition procedures receive special attention in exemplary programs.... The more the receiving teacher is cognizant of the educational experiences and services the child has received, the better able he/she will be

to help the child make a smooth transition from one program to another. When the current teacher and ancillary staff are aware of the placement options open to a handicapped child, the most valid decision can be made."

(Karnes. 1981. p.39)

Premise 20. That an aggressive, systematic community awarenss/education plan is vital to the current and future interests of the program.

"One of the initial steps in casefinding is developing the public's awareness through education of the importance of early identification. Awareness strategies include brochures, newspaper articles, speaking engagements, radio and television spots, posters, and contracting agencies. Public awareness activities must take place irrespective of the severity of the target group's handicapping condition."

(Cross. 1977. p.77)

"Funding infant programs for handicapped children is an ever present problem. Existing programs should take advantage of opportunities to make their program known to influential persons, especially legislators, to obtain the financial support needed. Any data that would give evidence that early identification of the handicapped child saves the taxpayer money in the long run by reducing the amount of service and length of time the handicapped child requires special education and other services in subsequent years should be shared with decision makers. Parents, as advocates, can play an important role in making community leaders aware of the infant program."

(Karnes et al. 1981. pp.36-37)

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4/82
DR/rr

Second Symposium On Handicapped Set For Today

The second annual "Birth-to-Three" United Cerebral Palsy Symposium will be held today and tomorrow at the Ramada Inn.

The symposium is for educators, child development specialists, occupational therapists, physical therapists, speech language pathologists, administrators, parents and others concerned with serving young children with handicaps.

The program, hosted by the Peoria Zero-to-Three Outreach Project, is produced by UCP of Northwestern Illinois. Co-sponsor is Project Rockford Handicapped Infant Service Expansion (RHISE) of Rockford.

All of the projects deal directly with children who have developmental delays resulting from cerebral palsy, Down's Syndrome, autism or multiple handicaps.

Margaret Schilling, a consultant for UCP Association Inc., will be the keynote speaker this morning.

Conference workshops will be offered in "Disabilities and Assessments," "Curriculum and Programming Strategies," "Program Management" and "Personal and Professional Development."

Registration for the two-day program is $40. For additional information contact Madeline Snider at UCP, 320 E. Armstrong, Peoria, or call 672-6358.

Friday 6/25/82

Money slashed; two child-care programs to close

By Eileen Lucas
The Register Star

The effects of budget cuts in social programs will become very visible in Rockford next Wednesday as two programs presently serving infants and children fall victim to the funding ax.

One program has served handicapped children and their families from Winnebago, Boone and Ogle counties and been a model for training professionals in that field for the past eight years.

The other provides counseling for children in danger of possibly becoming neglected or abused. Both are under the umbrella of services offered at the Childrens' Development Center, 650 N. Main St.

Project RHISE/Outreach, a federally financed service for handicapped children from birth to age three and a nine-state center of training for professionals caring for handicapped infants, was one of 21 such agencies cut nationwide from the Department of Education's special-education budget.

Under other federal cuts and Illinois Department of Children and Family Services cutbacks, $50,000 for counseling through CDC for DCFS clients in foster homes was not replaced for fiscal 1983.

"We know we are not alone by any means in having funds cut this year," said Jean Adams, executive director of the center. "We do feel though that the counseling service was a much needed one, and do realize the cut is not to DCFS's liking either. But it is very upsetting for everyone and the question 'What do you do with these children?' remains."

The Childrens Development Center was founded in 1968 to serve handicapped and developmentally disabled children by combining the Easter Seal and Cerebral Palsy centers in Rockford.

A United Way agency, CDC also receives funds from DCFS and the Illinois Department of Mental Health, and from clients based on their ability to pay.

Not all DCFS funds to the center have been cut, Adams said — just those that provided the counseling for children in foster homes. However, she said, the counseling was a major center program. It presently serves 32 children and has 11 more on a waiting list.

"It is a real blow," Adams said, "but we are trying to refer them to other agencies or find other types of services to help them."

Steve Smith, director of Project RHISE/Outreach, said he and his staff of five will close their office doors next Wednesday and conclude eight years of services for handicapped infants and children, their parents, and professionals and students working with them.

Founded in 1974, RHISE worked the first three years directly with handicapped children and their families in the three-county area. Since 1977, it was funded as a consultancy model, its purpose to develop new approaches and inovations to ultimately be shared with other programs and professionals, in a nine-state area, Smith said.

Illinois developed about a dozen such programs since the early 1970s, Smith said, each working on a different focus. Some developed outreach training for emotionally disturbed children, some for those with behavioral disturbances, some for the hearing impaired.

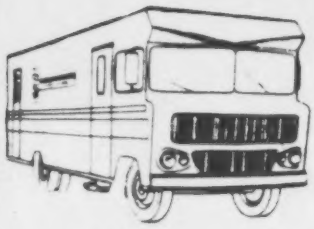
"Our focus was on serving all types of handicapped children, emphasizing the importance of parent involvement," Smith said. Peoria, the only unit to be financed next year, focuses on neuro-development, primarily children with physical problems.

Smith said the Rockford office operated on a budget of $102,435 last year and had requested $107,983, or a 5.4 percent increase, for next year. "We'll be getting none of it," he said. The number of outreach services was cut from 41 to 20 nationwide.

Summing up the local agency's service over the eight years, Smith said training has been provided each year to slightly more than 1,000 professionals and students working with handicapped infants and children.

"And," he said, "though we have not been working directly with the children the past five years, we have had an impact on the training and development of around 2,000 children each year."

Attachment 2



Project RHISE/OUTR... Attachment 3.

CHILDREN'S DEVELOPMENT CENTER
650 North Main Street · Rockford, Illinois 61103 · 815-965-6766

RHISE OUTREACH

April, 1982

EARLY INTERVENTION NEWSLETTER

Editorial by - Steven Lynn Smith
Project RHISE Director

"Life just got tougher" proclaims an advertisement for a well known pain remedy... Unfortunately, this also accurately analyzes the current plight of most human service and educational programs. In serving young handicapped children and their families, programs are being forced to do more with less. At a time when there is increasing evidence supporting the effectiveness of early intervention services which reduce the debilitating effects of handicapping conditions, promote developmental progress, promote family stability, and reduce or eliminate the costs of later services, programs are being cutback, reduced and/or eliminated entirely. Somehow we are being overcome by a mentality which in essence says, "don't worry about 'child find'," as if forgetting about locating children who desperately need services will make them go away.

How then can we now survive and continue to provide crucial services to young handicapped children and their families? Life has indeed gotten tougher and there are few, if any, easy answers or solutions. As bleak as the future may appear, there are, however, some things we can do to maintain essential services. The following are some ideas to keep in mind and some suggestions for constructive action. David Shearer addressed the Second Annual Birth-to-Three Symposium in Peoria, Illinois recently and I have paraphrased some of his recommendations. In order to move beyond mere survival we must:

1. Realize that providing quality services to young handicapped children and their families is just as important, necessary, and crucial as it was prior to January 20, 1981. The current political climate and popular mentality has not changed the absolute necessity for and effectiveness of early intervention services. We must realize that we are not providing services just because funding exists, but the funding exists and will continue to exist because of the necessity of these services.

2. Be more assertive in acquainting others outside of our own circles with the benefits of early intervention for young handicapped children. We must put more effort and energy into public awareness in our communities. We must have a greater impact on selected target audiences including legislators, politicians, at every level, funding sources, and agency boards of directors. We must see that these key individuals receive appropriate information on a regular basis. We must be careful to acknowledge their support and assistance. We must thank legislators when they have supported appropriate legislation and supply them with more information when they fail to support necessary child oriented legislation.

3. Do all that we can to provide quality services in an efficient and cost effective manner. Efficiency and cost reduction do not necessarily preclude high quality. Each person should begin by analyzing his or her own

(continued on page 2)

time management which will allow for maximum productivity. We need to make better use of parent involvement opportunities. Unfortunately, we still do not encourage parents to become maximumly involved with their own child's program. Volunteers need to be utilized in our programs. Even though it takes considerable time to organize a volunteer program and train volunteers, an effective volunteer program will repay the start-up costs many times over. We must realize all of the resources we have available to us and make the best utilization of those resources.

4. Cooperate and coordinate with other agencies and service providers. The importance of cooperation has been recognized and espoused for a long time. Yet, few early childhood programs have effectively interfaced and truly cooperated with other agencies and community resources. We must develop collaborative arrangements in areas of common interest and potential program overlap such as transportation, intake, and diagnostic services. Closely examine what is available in your community and then decide what is the best utilization of community or regional resources.

5. Be creative in our approaches to service delivery, resource utilization and fund raising. As depressing and as frustrating as the current economic and political climates are, there are also unique opportunities for us. These harsh times may force us to work more closely with public health departments, school programs, day care centers, and Head Start programs, which ultimately may provide us with increased opportunities to impact on child and family development. We may be able to provide specific services to various businesses and industries such as day care or special child development classes for their employees.

Life has gotten tougher...but we have gotten stronger. We must not fall prey to incapacitating worry or depression, rather, we must sieze the opportunities before us. We must not withdraw or isolate ourselves, but instead reach out to other agencies and mutually confront the problems before us. We do not have to apologize for the funding we receive and the work we do with young handicapped children and their families. Rather, we must work harder to make certain everyone understands and supports the importance of these vital services.

* * *

SECOND ANNUAL BIRTH-TO-THREE SYMPOSIUM

"Programming Strategies for Infants with Handicapping Conditions" was the theme for the Second Annual Birth-to-Three Symposium which was held in Peoria, Illinois on March 25-26th. Project RHISE/Outreach, Outreach: Macomb 0-3 Regional Project, and Peoria 0-3 Outreach Project sponsored this year's symposium.

Approximately 140 participants, including early childhood educators, therapists, administrators, parents and others concerned with serving young handicapped children and their families attended the two day symposium. Workshop sessions included numerous aspects of disabilities and assessment, curriculum and programming strategies, program management, and professional development.

Margaret Schilling, a national consultant for the United Cerebral Palsy Association, was the keynote speaker. Her address entitled "What Happened to Parents" shared the results of her follow-up study with parents whose children had received early intervention services 10 years ago. Lynn Moore, the Special Education Specialist of Early Childhood Programs, Illinois State Board of Education, also addressed the entire symposium audience as did David Shearer, program administrator for the Exceptional Child Center in Logan, Utah.

* * *

RECENT PUBLICATIONS

Early Intervention For Children With Special Needs and Their Families: Findings and Recommendations is a 40 page paper which was researched and written by members of INTERACT, the National Committee for Services to Very Young Children With Special Needs and Their Families is being distributed by WESTAR, the Western States Technical Assistance Resource.

The paper notes that while the national commitment to older handicapped children has grown, the commitment to the needs of handicapped children aged birth-to-three years and their families has remained disproportionately small.

Divided into four sections, the paper describes:

- research demonstrating the effectiveness of intervention programs and their impact on the development of very young children and on infants and toddlers at risk
- the effect of services on the family and the rationale for family participation in programs for very young handicapped and at risk children.
- data on the costs and cost-effectiveness of intervention programs for children from birth-to-three
- characteristics of a comprehensive service delivery system.

This informative report is available from:

WESTAR - Product Dissemination
University District Building
1107 N.E. 45th, Suite 915
Seattle, WA 98105

cost: $2.00 - checks payable to the University of Washington

* * *

A Children's Defense Budget: An Analysis of the President's Budget and Children is a 200 page document which provides a national overview of how, program by program, administration-planned budget cuts will affect children. The volume also includes a "Children's Survival Bill" - an alternative budget which gives high priority to children's needs and allocates national resources accordingly. A section on "myths and realities" analyzes administration positions on funding for children's programs and suggests arguments for the child advocate.

This document is available from:

Publications Department
Children's Defense Fund
1520 New Hampshire Avenue, N.W.
Washington, DC 20036

cost: $10.50

* * *

Topics in Early Childhood Special Education, a new journal, is published quarterly by Aspen Systems Corp., 1600 Research Blvd., Rockville, MD 20850. Subscription rates: $38.00 per year (four issues). Each issue's articles pertain to a primary focus area (e.g., assessing the handicapped preschooler, program evaluation, etc.).

Journal of the Division for Early Childhood is available annually to all members of the Division for Early Childhood of The Council for Exceptional Children. Division members also receive three issues of the "Communicator," DEC's official newsletter. All division members must first be members of the council for Exceptional Children. Single copies of this journal are available at $8.00 from the Divisions' Secretary, CEC, 1920 Association Drive, Reston, VA 22091

* * *

COMING UP...

"Midwest Association for Young Children" Conference in Indianapolis - May 8th. Project RHISE/Outreach staff members Diane Kastelic and Dick Rundall will present - "Environmental Design: It's Not Just For Big Corporations" and "Working With Parents- A Developmental Approach."

HELPING CHILDREN

BUILD A BETTER WORLD

REVIEW OF CURRICULUM MATERIALS

Facilitating Children's Development: A Systematic Guide for Open Learning Volume I Infant and Toddler Learning Episodes - Meier, John; Malone, Paula

available from: University Park Press
233 East Redwood Street
Baltimore, MD 21202

cost: $17.95

This curriculum guide provides structure to help organize the classroom and home environment for the learner (child) through a developmental series of learning espisodes. A comprehensive model for the "System for Open Learning" is introduced emphasizing the interaction between the environment (including educator's role) and the learner. Clear definitions of the necessary learner entry skills, the purpose of activity, the procedure, the materials needed, possible variations and "terminal" behavior are noted in each episode. Additional resources and a recording system is included.

This book provides a refreshing look at teacher (facilitator) - child (learner) interactions. There are, however, broad gaps in the developmental sequence of activities. This resource gives the reader an excellent model for looking critically at what we would like a child to gain from a session, what a child needs prior to the activity, and how we look at the outcome which may help in organizing additional episodes for parent-child interaction.

Horizons Curriculum for the Severely Handicapped -

available from: Central Wisconsin Center for the Developmentally Disabled; Education Dept.
317 Knutson Drive
Madison, WI 53704

cost: $10.00 plus shipping

This curriculum was designed by teachers of the severely, profoundly handicapped child living in an institutional setting. The guide currently contains a developmental sequence of activities in the areas of: sensory stimulation, language, self care, fine and gross motor, and pre-academics.

(continued in next column)

Additional sequences will be added for behavior management and play and leisure time activities.

Horizons uses no chronological age assignments for the activities and each segment begins with the author's perception of the learner's entry behavior. In most segments the activities would be suitable for the birth-to-three population. The curriculum defines a terminal objective, sub-objectives, procedures, activities, materials and author's comments. Throughout the text the educator is reminded that this piece is a guide and that adaptation for individual children is often required.

Additionally, CWC staff have developed an assessment tool, the Skill Progression System (available for $3.00) which is a comparison to the Horizons curriculum. This tool was designed for inhouse use at Central Center and appears to be of less value in a non-institutional setting.

BOOK REVIEWS

Maternal Attachment and Mothering Disorders Klaus, Marshall; Leger, Treville; Trause, Mary Ann; Johnson & Johnson. Pediatric Round Table Publications Number 4.

available from: Johnson & Johnson Baby Products Co.
P.O. Box 836
Somerville, NJ 08776

cost: $5.00

This Round Table discussion focuses on the process, the problems and the disorder of adult-child attachment. Twelve segments are presented which review the factors influencing the process of attachment and offer the reader practical suggestions to aide in the prevention and/or treatment of mothering disorders. Topics include: the failure to thrive population; mother-infant reciprocity; the relationship between lack of bonding and abuse; and father-infant interactions. Early interventionists will find the information presented is a good introduction to mothering disorders. It will help parent-infant educators focus attention on this development process which impacts on our intervention efforts. The suggestions of the participants can be useful as a starting point for prevention/intervention strategies but do not offer a comprehensive curriculum for fostering this crucial developmental process.

(continued on page 5)

BOOK REVIEWS (continued)

Voices Interviews with Handicapped People
Orlansky, Michael; Heward, Willam

available from: Charles E. Merrill
Publishing Co.
1300 Alum Creek Drive
Columbus, OH 43216

cost: $8.95

This book introduces its readers to a cross-segment of handicapped adults and children through personal interviews. Candid discussion focuses on a broad range of topics including the social service system, the educational community and existing in our society with a handicap. Early interventionists and parents could gain valuable insight about the feelings encountered by these able individuals who touch our lives.

The book contains no research and was published to allow the experts on the subject of handicapping conditions to express their views. It would be a good addition to any parent lending library.

* * *

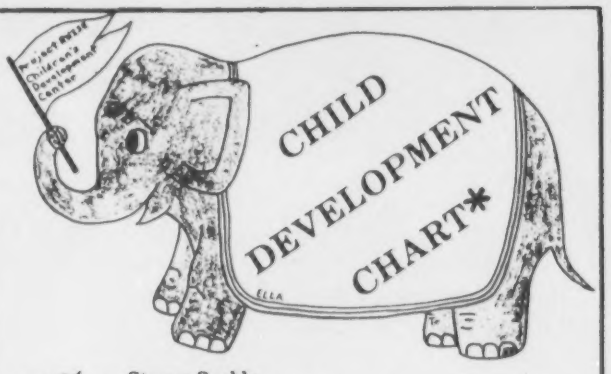
PROJECT RHISE/OUTREACH ANNOUNCES A RECALL...

Anyone having an old Project RHISE Child Development Chart may acquire a newly revised chart by simply mailing the old chart to Project RHISE/Outreach and at no charge to you, a new chart will be forwarded.

The new Child Development Chart is an 8½" x 24½" blue and green on yellow poster indicating normal child development from birth-to-three years of age. The developmental indicators are based on the Rockford Infant Developmental Evaluation Scales (RIDES), Copyright LINC Services 1979 and is printed with permission of Scholastic Testing Service, Inc. (revised chart shown in right column).

$.75 each

* * *



NEWBORN
- Strong Suckle
- Hand Closes Tight On Contact
- Makes Small Throaty Noises
- On Stomach, Lifts Head

1 TO 3 MONTHS
- Smiles In Response To Your Smile
- Hands Held Open Most Of The Time
- Looks At Someone Talking
- Special Cry For Hunger
- On Stomach, Lifts Self By Forearms

3 TO 6 MONTHS
- Babbles During Play
- Reaches For Nearby Toy
- Turns Head Freely To Look Around
- Puts Both Hands On Bottle Or Breast While Feeding

6 TO 9 MONTHS
- Recognizes Two Common Objects When Named
- Waves "Hi" And "Bye Bye"
- Rolls Over
- Transfers Toy From Hand To Hand
- Sits With Some Support

9 TO 12 MONTHS
- Finger Feeds
- Repeats Action When Adult Laughs
- Flings Objects
- Picks Up Objects With Thumb And First Finger
- Creeps / Crawls
- Side Steps Holding Onto Furniture

12 TO 15 MONTHS
- Stops Drooling
- Scribbles Spontaneously
- Uses Three To Five Words Other Than "Mama," "Dada"
- Walks Independently

15 TO 18 MONTHS
- Uses Spoon, Spilling Little
- Removes Hat, Socks
- Inserts Object Into Small Opening
- Points To Eyes, Nose, Or Mouth On A Doll
- Uses Words To Make Needs Known
- Runs Stiffly

18 TO 24 MONTHS
- Defends Own Possessions
- Turns Thick Pages Of Book
- Imitates Two And Three Word Sentences
- Pulls Toy While Walking

24 TO 30 MONTHS
- Washes And Dries Own Hands (May Not Be Completely Clean!)
- Carries Out Two-Part Commands
- Uses Pronouns (He, She, It)
- Walks Up And Down Stairs, Holding On

30 TO 36 MONTHS
- Matches Three Simple Items
- Identifies Some Big And Little Objects
- Relates Recent Experiences
- Pedals Wheeled Toy

OVER 3 YEARS
- Begins Taking Turns
- Holds Pencil In An "Adult" Fashion
- Identifies One Color By Naming Or Pointing
- Asks Questions Frequently
- Catches A Large Ball

UPDATE SERIES: DOWN'S SYNDROME INFANTS AND CHILDREN

In this series of research briefs, information from current literature has been summarized to answer questions frequently asked in regards to developmental aspects for Down's Syndrome infants and children. Thus far, four research briefs have been published. They include:

1) "Affective and Cognitive Development in Down's Syndrome Infants" (April 1981)

2) "Language Development in Down's Syndrome Children" (revised, July 1981)

3) "Hearing Loss in Down's Syndrome Children" (May 1981)

4) "Development of Feeding Skills in Down's Syndrome Children" (October 1981)

In addition to summarizing research for educators and parents, practical educational implications to help parents and teachers select appropriate objectives and strategies for the Down's Syndrome child are also included in each brief.

For more information contact: Patricia Vadasey, Materials Development Specialist

or

Rebecca R. Fewell, Project Director
Model Preschool Outreach Project
Experimental Education Unit, WJ-10
Child Development and Mental Retardation Center
University of Washington
Seattle, WA 98195

phone: (206) 543-4011

* * *

BOOKLETS AVAILABLE...

Helping Parents Grow -

available from: Washington Co. Children's
Program Outreach Project
80 Main Street
Machias, ME 04654

cost: $2.25

This booklet designed for parents presents activities to encourage positive growth within the family unit. Definitions are given for concepts such as encourage, listen, and love with examples of actions and words that would convey these ideas to children. Family activities and exercises are incorporated in the text. Pictures are used throughout the book and the text is large and easily understood. The booklet could be used effectively in a parent group, as well as individually with families.

Helping Children Grow is an additional booklet also published by the Maine outreach project. It explains to parents which development skills can be expected from children at different ages. With increased developmental awareness concepts, parents can find many useful and varied ways of helping their children grow. cost: $2.25

* * *

VIDEO TAPES AVAILABLE...

What is it to be human?

The Association for Retarded Citizens/Illinois has produced with Dr. Ken Moses, a series of three video tapes, and an accompanying training manual, which explore this question.

BRIDGING THE GAPS, the three-part video tape series, shows Dr. Moses interacting in a dynamic way with parents and professionals.

These tapes inspect the concepts of shattered and rebuilt dreams for our children...the challenges of parenting and working with impaired persons...of human fulfillment...of parents and professionals working together in ways that allow them to explore creative and positive attitudes...and of finding new ways to motivate themselves and their children.

The accompanying training manual makes use of the tapes as a vehicle for professional inservice and workshop presentations.

For more information contact:

Association for Retarded Citizens/Ill.
6 North Michigan Avenue
Chicago, IL 60602

phone: (312) 263-7135

* * *

II. Stimulating High Quality Programs

Increasing the quality of existing programs and stimulating new services and programs are the major objectives of Project RHISE. During FY 1982, training and technical assistance was continued at nine (9) previous model utilization sites. Ten (10) new model utilization sites were established. The following are the specific expected outcomes which are followed by a brief description of technical assistance provided to each site.

Expected Outcomes

During FY 1982 model utilization sites will be continued at nine (9) sites, although three will continue only minimal assisistance and established at ten (10) sites in the targeted nine-state area. The following outcomes are anticipated:

1) Project RHISE/Outreach will have received written commitments from the proposed number of programs to continue or to become model utilization sites with those sites having met or having the potential to meet the necessary components formodel implementation. These commitments shall be received by 8/31/81.

2) Needs assessments for the ten (10) new model utilization sites shall be completed by 10/31/81.

3) Based on agency/program needs and criteria for model implementation new or continued Technical Assistance Agreements will be negotiated for all sixteen (16) sites no later than 11/30/81. As necessary, new Technical Assistance Agreements shall be negotiated during the year.

4) As per the established Technical Assistance Agreements the specified technical assistance and training will be provided. This technical assistance will be completed by 6/30/82.

5) By 6/30/82 increased numbers of very young handicapped children and their families will be receiving new and/or increased or improved services. In addition, there will be an overall positive impact on the model utilization sites as indicated by various indicators.

   Increased Services - number of staff, amount of funding, amount of service components, amount of sites, coordinated efforts with other services, etc.

   Improved Services - appropriate utilization of additional consultant staff, effective utilization of Project Model, comprehensive assessment and program planning, improved agency/district commitment to program, etc.

New Services - documentation of services and agency/district involvement where services to very young handicapped children formally did not exist.

These indicators and other indicators of successful model utilization will be carefully documented for each model utilization site.

6) As a result of increased, improved, and/or new services, young handicapped children at the model utilization sites will be expected to achieve significant developmental progress. Child progress data will be compiled for children at all model utilization sites. Child progress will be documented by comparing expected developmental rate with actual developmental rate. Documentation of child progress will be completed by 6/30/82.

Actual Outcomes: Overall, results and outcomes are summarized in Tables 1 and 2, Summary of Impact Indicators. The following is a site by site description of specific technical assistance activities at each site.

ILLINOIS

Development Learning Center - Danville

This site requested technical assistance in FY 1981, but due to DLC's consolidation with another agency and physical relocation this assistance was delayed until FY 1982, thus, an initial needs assessment was completed by Project RHISE staff in September of 1981. Two (2) days of onsite evaluation, and one (1) day of workshop training were completed. After receiving the needs assessment, the executive director requested an addendum specifically addressing current staff capabilities. The addendum was prepared in November, 1981. Phone contact was maintained by Project staff throughout the first half of FY 1982.

DLC received significant funding cutbacks mid-year and underwent major staff losses and reassignments. Project staff made several contacts to the agency. The executive director has requested that technical assistance be withdrawn at this time and will contact Project RHISE if assistance is required in the future.

El Valor Corporation - Chicago

This continuing site has had stable bi-lingual transdisciplinary staff for FY 1982. Project staff has maintained contact with the program through extensive phone and written correspondence. El Valor staff have utilized the RHISE lending library and has requested various research materials in order to apply for additional local funding. An increase in monies was granted and the site received a special award from the Illinois Department of Mental Health in May of 1982 for high quality early intervention services provided to the Hispanic Community of Pilsner in Chicago.

Project Staff completed two and one-half (2½) days of consultation and workshop training focusing on parent involvement, parent groups, community relations, and curriculum.

Lakeview Learning Center - Chicago

This continuing site has had a stable staff and has obtained additional program monies in FY 1982. Limited phone contact was maintained during the first half of the year and in February a wrap-up site visit was completed. The program stated that they required no further assistance from the Project at this time, but wanted to be maintained on the mailing list for Chicago workshops in the event of staff turnover.

Westside Parents of Exceptional Children - Chicago

This continuing site has become a component of the Habilitative Systems Incorporated, a Chicago based rehabilitation firm. Reduction of monies and staff turnover have made a significant impact. Phone contact and correspondence was maintained with this program. In mid-May a site visit was made and the director requested a new needs assessment and further technical assistance since the work was not completed due to the uncertainty of funds for RHISE for FY 1983.

INDIANA

Allen County Association for the Retarded - Fort Wayne

Contact with the Allen Co. site was initiated in FY 81. The needs assessment of the program was conducted and two (2) days of contact at their site resulted. Additionally, two (2) days of training for some of their staff was conducted at the Marshall-Starke site in Plymouth, Indiana. Telephone contact and information/materials sharing also took place. This program, like most of the other Indiana programs had a 25% reduction in funding which limited the amount of formal training which could be conducted with the entire staff. Specific material sharing revolved around: 1) establishing a high rish registry, 2) working with teen mothers, 3) small research grants sources, 4) data relating to the effectiveness of early intervention services, 5) the relationship between child abuse and developmental disabilities, 6) curriculum materials, and 7) parent handbooks.

Cardinal Center, Inc. - Warsaw

Contact with the Warsaw site was first made in FY 1981. The needs assessment was completed and the Cardinal Center was to be a new site for FY 1982. Staff turnover has resulted in a slow down of the technical assistance process. As a result of having three (3) different coordinators and a 25% funding reduction only two (2) days of site contact took place with the program. Some telephone contact and information/materials sharing was also done. Due to the funding cuts the program had to cutback the quantity and quality of service they provide.

Developmental Services, Inc. - Columbus

This new site contacted Project staff in September, 1981, to request a needs assessment and technical assistance. The needs assessment was completed in October during a two (2) day site visit which included a one (1) day workshop on the Consultancy Model and parent involvement. DSI staff notified Project staff that their budget had been drastically reduced and service delivery focus would change mid FY 1982. The decision was made not to submit the needs assessment based on the initial information, but rather, to have Project staff provide consultation for redesigning DSI service delivery. Three (3) full days of program consultation and extensive phone and written correspondence was provided. DSI administrative staff attended two (2) days of workshops at the Birth-to-Three Symposium in March, 1982, at which time additional consultation was provided by Project staff.

DSI staff have requested continued technical assistance in the following areas: management (scheduling, forms, etc.) of the Consultancy Model; curriculum development for three to five year olds; parent involvement; parent groups; environmental design; and program documentation.

Manitou Training Center - Rochester

The first contact with this site took place in FY 1981. Two (2) contacts were made at the site during FY 1982. Site staff also attended two (2) days of training at the Marshall-Starke Center in Plymouth, Indiana. Telephone contacts and material sharing were minimal in that the coordinator position changed mid-year and a new level of awareness of the model had to be established prior to the effective use of the Project RHISE staff.

Marshall-Starke Development Center, Inc. - Plymouth

The Marshall-Starke Development Center children's services director initiated a contact with Project RHISE requesting the use of the film, "Hello, Somebody...." This resulted in Project RHISE staff establishing a site not only at Plymouth but with five (5) other northern Indiana programs. Four (4) days of site visits were held at Marshall-Starke, including two (2) days of formal training for all six (6) northern Indiana sites. The director of children's services also visited (2 days) at the RHISE demonstration site at Children's Development Center. The primary focus of information/materials sharing efforts centered on: 1) curriculum, 2) the staff hiring process, 3) inservice training, 4) parent involvement, and 5) the effectiveness of early intervention services.

Porter County Services, ARC - Valparaiso

The initial contact with the Porter County program was a result of a presentation at a conference in Indiana the previous year. Technical assistance with the program involved four (4) days of training at the Plymouth, Indiana site and a two (2) day visit of their coordinator at the CDC demonstration site. Two (2) of the days spent at their site were

spent facilitating a "retreat" to focus on a variety of aspects of their program and determine directions for changes in those areas. Technical assistance also took the form of informational/materials sharing - especially in the areas of: 1) the effectiveness of early intervention services, 2) documentating the effectiveness of their program, 3) presenting such information to their board, referral sources and the public, 4) curriculum, 5) environmental design of classrooms, and 6) the involvement of parents in the program.

Woodlawn Center - Logansport

Contact with the Logansport program came as a result of contact with the interest of the Plymouth, Indiana program in the RHISE Model. The coordinator of the Plymouth program referred RHISE staff to Logansport and a needs assessment of the Woodlawn Center's children's services was conducted. Technical assistance with Logansport involved four (4) days of contact/training at the Woodlawn site and two (2) days of training at the Plymouth site. Technical Assistance consisted of information/materials sharing. The major focus of the technical assistance effort was parent involvement in the program.

KENTUCKY

West Kentucky Easter Seals Center - Paducah

Contact was first made with this site as a result of a postcard enclosed in the RHISE awareness brochure having been returned requesting more information. The awareness contact and needs assessment were conducted during the latter part of 1981. Technical assistance with this site has involved four (4) days of training for the entire staff, a two (2) day visit to the Project RHISE demonstration site by four (4) of their staff, sharing of information and materials, and telephone contact. Specific changes have included: 1) adapting the Child Development Chart for their local use, 2) starting a "high risk" follow along program in cooperation with the Western Baptist Hospital, 3) the development of a brochure for the program utilizing a format shared with them, 4) the inclusion of parents in IEP staffings, 5) the designation of a room at the center as the "parent room" which was decorated by and is used by the parents of the children served, 6) increased communication and cooperation among the four coordinators of the program departments, and 7) increased parent involvement in the classroom.

OHIO

Doty House, Inc. - Middletown

This is a continuing site from FY 1980 which receives its funding from the Butler County Board of Mental Retardation, Early Intervention Program, Hamilton, which is also a Project RHISE replication site. Due to the financial and administrative nature of this relationship, most technical assistance has focused on the Butler County program which in turn has implemented the Project RHISE Model at Doty House. During FY 1982, one site visit was made, and materials and information were shared through the mail.

WISCONSIN

Development and Training Center - Eau Claire

Most of the technical assistance with this continuing site was provided during FY 1981. Technical assistance during FY 1982 consisted of a two (2) day visit of their staff to the CDC demonstration site and three (3) contacts at the Eau Claire site. Additional technical assistance in the form of information/material sharing took place also. The most significant changes in this program as a result of Project RHISE involvement were: 1) the development of a written philosophy statement, eligibility criteria, etc., and 3) the involvement of parents in the program (regular parent groups and in the intervention sessions).

Langlade County Health Care Center - Antigo

This continuing site had the intensive work as identified in the Technical Assistance Agreement completed in June of 1981. Technical assistance during FY 1982 took the form of information/materials sharing. The Langlade site, as a result of Project RHISE involvement, had during the last fiscal year successfully implemented a Community Awareness Plan in cooperation with another Project RHISE site (Rhinelander, WI) which resulted in wide publicity throughout their service area and the identification of several referrals thus increasing their enrollment by 50% (from four to six children). As a result of this joint effort and of Project RHISE's facilitation, a regional PIE support meeting was established with regular meetings with the staffs from several of the northern Wisconsin programs. This has provided both support and in-service training for the participants and minimized the need for technical assistance from RHISE during this year.

Penfield Children's Center - Milwaukee

This continuing site has undergone major physical rennovation during FY 1982. Phone contact and correspondence was maintained throughout the year. Two (2) onsite visits were made for consultation purposes and one (1) full-day of RIDES training for the educational staff was completed. Penfield staff attended two (2) days of RHISE training on parent readiness levels and working with difficult parents in conjunction with the site, St. Francis Activity and Achievement Center in Milwaukee.

Racine County Opportunity Center - Racine

This new site contacted Project RHISE in the Fall of 1980. Racine Co. staff visited CDC and discussed the Consultancy Model with Project staff in January of 1981. A request was received in August of 1981 for a formal needs assessment and technical assistance. The center was undergoing reorganization during the initial site visit. The needs assessment was completed and reviewed with staff in January of 1982. Extensive phone contact and borrowing from the RHISE library occurred during this time. An outline of a technical assistance agreement was approved by center administration and four (4) half-days of onsite training focusing on curriculum, consultancy, scheduling and working with parents were

completed. Racine Co. teaching staff attended two (2) days of workshops and additional consultation was provided at the Birth-to-Three Symposium in March, 1982. Several Racine Co. staff attended three (3) days of training and visited CDC during the RHISE retreat "Back to Basics."

The Racine Co. center is moving their program in mid-summer and has requested additional training and consultation in the following areas: environmental design; working with parents in classroom groups; working with parent groups; program documentation; and continued work with the Consultancy Model.

Taylor County Community Human Services Center - Medford

This continuing site has had minimal technical assistance during the past fiscal year due to involvement in the northern Wisconsin PIE support group established during FY 1981 as a result of Project RHISE efforts and encouragement and also as a result of fear of loss of funding for the program. The county for a period of time considered dropping their contract and providing the early intervention services directly. There was a tremendous improvement in this program during the time of Project RHISE involvement. The program was a one person service, provided by a paraprofessional (occupational therapy assistant) who took the position approximately one month prior to Project RHISE involvement. Project RHISE staff provided support, consultation and training and facilitated her involvement in the regional PIE support group.

Unified Board of Grant and Iowa Counties Infant Program - Platteville

This new site requested a needs assessment following the Wisconsin Home Training Consultants Association Workshop in Madison, Wisconsin in September, 1981. The initial needs assessment was completed by Project staff in November, 1981. A follow-up review of the assessment was completed at which time an informal technical assistance outline was agreed upon. Several phone contacts and numerous materials were sent to the program. Three (3) full days of technical assistance focusing on curriculum, parent involvement, and consultancy were completed. The program coordinator and a paraprofessional visited CDC in April and attended three (3) days of training at the "Back to Basics" retreat in Rockford.

ADDITIONAL PROGRAMS RECEIVING TECHNICAL ASSISTANCE

Training to the Penfield's Children's Center resulted in two (2) days of training for the staff of the St. Francis Children's Activity and Achievement Center in Milwaukee, Wisconsin and a request for technical assistance in FY 1983 from St. Francis. Two (2) days of consultation were also provided.

One day of training on Parent Readiness Levels was provided to the Menasha Infant and Preschool Program who also requested technical assistance for FY 1983.

One-half day of consultation was provided to the Sawyer County ARC Achievement Center, Infant Stimulation Program, Hayward, Wisconsin which also had requested technical assistance for FY 1983.

Several contacts were made with LaPaz, Chicago, Illinois and a half day of consultation was provided. LaPaz requested technical assistance for FY 1983.

Also, as indicated in Section VI. Other Technical Assistance, additional technical assistance was provided to six (6) replication sites, not currently receiving formal assistance, and a program needs assessment was performed for another program. Thus, during FY 1982, a total of 30 separate programs received significant technical assistance from Project RHISE.

Additional Outcomes:

As there was uncertainty as to the continuation of RHISE it was decided to conduct a three (3) day Project RHISE retreat entitled, "Back to the Basics" (see Attachment 1). The purpose of the retreat was two-fold to complete training with various replication sites and to facilitate communication between programs around the midwest who had successfully implemented the RHISE Model. There were 25 participants from eight (8) different programs. The retreat emphasized maintaining the basics in order to insure quality services for young handicapped children and was rated very positively (see Attachment 2).

Evaluation of Technical Assistance

Technical assistance provided to replication sites is evaluated in several ways. After training is provided replication site staff are given the opportunity to give immediate feedback on the training they have received. Technical Assistance Agreements are reviewed periodically during the agreement period and at the end of the agreement period. Successful completion of technical assistance agreement activities is a measure of effectiveness. These are evaluated site by site.

Child Progress Data

Child progress data was collected at Children's Development Center utilizing the RHISE Early Intervention Child Progress Data Collection Tool (see Attachment 3). Test results from 90 children aged birth to three were computer analyzed comparing the initial, second level of testing and, if available, the third level of testing.

As of June 24, 1982 the formal results of the child progress data analysis had not yet been received by Project RHISE. The Northern Illinois University doctoral student who assisted with the data analysis has not completed the formal analysis. Based on his informal analysis, there was no significant difference in test scores between males and females nor a

significant difference due to referral rationale.

The results of the Bayley Mental and Motor Scales confirm that the earlier the intervention services begin, the greater the increase in level of functioning and rate of increase. Definite improvement was also noted in comparing the REEL results, but it did not appear to be as significant as the Bayley results.

According to the Bayley test scores, children entering the program at one to seven months progressed two times faster than those children entering after fifteen months of age. Children entering at eight to fourteen months progressed half again as fast as children entering after fifteen months of age.

This data collection and analysis system was developed by the doctoral student who had also agreed to run the data of replication sites. However, it was not possible to complete this project during FY 1982. It was anticipated that this would be completed during FY 1983.

ATTACHMENTS

- Attachment 1. -

AGENDA

Back to Basics...
RHISE Resource Retreat

Bishop Lane Retreat House
Rockford, Illinois

April 27-29, 1982

ALL LARGE GROUP SESSIONS WILL BE IN THE CONFERENCE ROOM

TUESDAY, APRIL 27

8:00 -	Breakfast (for those arriving Monday evening)
9:00 - 12:00	Arrival of Participants Registration - Ruth Consultation Time with RHISE Staff Tour CDC
12:00 - 1:00	Lunch
1:00 - 1:45	Retreat Overview/Getting Acquainted - Steve
1:45 - 2:30	Back to Basics...What Are the "Basics"? - Dick Review of the basic facts and research findings related to early intervention; importance of early intervention, effectiveness of early intervention, necessity of parent involvement, necessity of ongoing communication with funding sources, etc.
2:30 - 2:45	Nutrition Break
2:45 - 4:00	Implementing the "Basics" - Working Sessions- Steve/Diane - Library Dick/Sue - Conference Room Participants will divide into two smaller groups to discuss how they implement the "basics" in their programs and how to more fully implement what we know.
4:00 - 5:00	Strategies for Implementing the "Basics" - Steve - Conference Room Reporting back to whole group
5:30	Dinner
7:30	Entertainment Fun/Fellowship A time for relaxing and getting better acquainted. Some activities are being planned for the entire group including one of Peter Sellers' Pink Panther movies.

WEDNESDAY, APRIL 28

8:00		Breakfast
9:00 - 10:00		Father-Infant Interactions presented by Andrea Brazer-Rush (Andrea is a Ph.D. candidate in Child Development and Special Education. She has done considerable research on fathering as it relates to infants and handicapped children.)
10:00 - 10:15		Nutrition Break
10:15 - 12:00		Concurrent Workshops:
	Conference Room	A. Learning Modalities: Time, Space and Touch - Andrea Brazer-Rush
	Library	B. Mandatory Criteria for Future Funding: Effective Program Management, Documenting Program Effectiveness, and Measuring Child Progress Data - Sue/Steve
12:00		Lunch
1:00 - 2:00		Parent/Staff Relationship: The Key to Child Progress - Dick/Steve
2:00 - 2:15		Nutrition Break
2:15 - 3:45		Concurrent Workshops:
	Conference Room	A. Three Kids, Four Parents, and Two Siblings In One Group? - Dick/Diane Strategies for working with parents and children in groups.
	Library	B. Screening/Assessment Instruments and Methods in Early Intervention - Sue/Steve
3:45 - 4:00		Nutrition Break
4:00 - 5:00		Concurrent Discussion Sessions:
	Library	A. Infant Education Partnership: The What, Why, and How of IEP Development and Implementation - Diane
	Conference Room	B. Using Communication Skills to Establish Relationships with Parents - Steve/Dick
	Chapel	C. "Telling Your Story" - The Hows and Whys of Informing Your Board, Funding Sources and Community - Sue
5:30		Dinner
Evening -		Free Time:

Walk in the woods
Play volleyball
Frisbee
Table games
Or...whatever

THURSDAY, APRIL 29

8:00		Breakfast
8:45 - 10:30		Concurrent Workshops:
	Library	A. Curriculum - "Who Needs It?" - Diane Discussion of the uses and abuses of curriculum in early intervention programs. A review of the materials available through the RHISE curriculum lending library. Participants are encouraged to bring new curriculum resources to share with the group.
	Conference Room	B. "But They Don't Want to be Involved!"...Working With "Difficult" Parents - Dick/Steve Identification of factors which make it difficult for some parents to become involved in their child's program. Discussion of techniques for involving the "difficult" parent.
10:30 - 10:45		Nutrition Break
10:45 - 12:00		Back to Basics...Committments for Change - Dick/Diane/Sue/Steve
12:00		Lunch
1:00		Adjournment Departure Consultation Time with RHISE Staff
3:00		Must be out of the Retreat House

Attachment 2.

Back to Basics...
IMISE Resource Retreat
Bishop Lane Retreat House
Rockford, Illinois
April 27-29, 1982

EVALUATION SUMMARY & COMMENTS

(numbers represent number of individuals rating in each category)

		Excellent		Good		Poor	Useful		of Some Use		Not Useful
SESSION	NA	5	4	3	2	1	5	4	3	2	1
Back to Basics... What are the "Basics"?	9	4	3	2	0	0	5	4	0	1	0
Implementing the "Basics" Working Sessions	9	4	1	2	2	0	6	1	2	0	1
Father-Infant Interactions	4	15	0	0	0	0	10	1	0	1	0
Learning Modalities: Time, Space and Touch	4	10	2	0	0	0	11	3	0	0	0
Mandatory Criteria for Future Funding	13	0	1	1	0	0	1	1	0	0	0
Parent/Staff Relationship The Key to Child Progress	6	1	6	2	1	0	2	5	2	1	0
Three Kids, Four Parents & Two Siblings In One Group?	5	2	7	3	1	0	1	6	5	0	1
Screening/Assessment Instruments and Methods in Early Intervention	13	0	4	1	0	0	0	2	2	0	0
Infant Education Partnership: The What, Why, and How of IEP Development and Implementation	10	0	5	2	1	0	0	3	2	1	0
Using Communication Skills to Establish Relationships With Parents	11	2	4	1	0	0	4	1	1	0	0
"Telling Your Story" - the Hows and Whys of Informing Your Board, Funding Sources and Community	16	1	1	0	0	0	1	1	0	0	0

RHISE Resource Retreat
EVALUATION SUMMARY & COMMENTS

SESSION	NA	Excellent 5	4	Good 3	Poor 1	1	Useful 5	4	of Some Use 3	2	Not Useful 1
Curriculum -"Who Needs It?"	16	0	1	0	0	0	0	0	0	0	0
"But They Don;t Want To Be Involved"...Working With "Difficult" Parents	10	4	1	1	0	0	5	0	1	0	0
Back to Basics... Commitments for Change	8	3	1	1	0	0	3	2	0	1	0
OVERALL RATING											
Overall quality of the Retreat		8	2	0	0	0					
Organization and clarity of materials presented		7	2	1	0	0					
Quality of media and/or handouts		7	2	1	0	0					
Overall immediate usefulness/ relevance of information		2	7	1	0	0					
Overall increased participant knowledge		2	6	1	1	0					

COMMENTS

What was of most value to you at this retreat?

Sharing how we handle common agency problems and working with difficult parents.

Learning modalities - time, space and touch. Andrea was excellent and interacting in small group sessions most informative.

Parent/staff relationship.

Several things - the movie discussion - seeing a situation and processing it - first hand implications and tactics and questions, very helpful. Comments of one of the family service people in group very good in how she dealt with abusive families - last session excellent, really needed the interaction, redirection, new ideas.

The opportunity to work in a small group in serene setting. I especially enjoyed not having to rush from one place to another. The opportunity to share strengths, weaknesses and bounce ideas off each other was excellent.

Being able to see how other centers function in relation to CDC and the various approaches and philosophies, as well as barriers.

RHISE Resource Retreat
EVALUATION SUMMARY & COMMENTS

COMMENTS (continued)

What was of most value to you at this retreat?

Sharing, brainstorming that occurred (liked the smaller group size), handouts were excellent, the attitude, openess, down-to-earth insights of RHISE was refreshing

Everything - RHISE staff was supportive, informative, and stiumlated discussion to work out difficult areas. Participants were great, helpful, willing to share and supportive - an absolutely enjoyable, helpful and refreshing retreat!

What was of least value to you at this retreat?

IEP time slot.

Three Kids, Four Parents, Two Siblings in one Group - I expected (needed) more specific suggestions, methods than were presented.

[illegible] have attended partially.

Not enough time.

Issues regarding curriculum.

Comments.

Retreat setting was excellent for setting tone of conference!! It was a tone of introspection, putting "things" in perspective.

Super!! Possibly a tad more structure, more time for areas, more indepth discussion in areas. Really got me motivated! Loved follow-up idea of goals!!

Excellent facility for retreat, excellent workshops, excellent food, excellent relaxed surroundings.

Very well organized.

More local people would have come if consolidated into two days instead of three.

The entire retreat was beneficial. It was wonderful to hear how people from other agencies deal with those same issues confronting our agency all the time. The retreat was very productive and held in the optimum surroundings and location. The setting promoted creative thinking.

Really appreciated the RHISE staff - how hard you worked - I appreciated time spent in planning the evening "program", health snacks, aerobics - great.

Every minute of the conference was wonderful. You guys set the tone by your informality and expression of being one of the "bunch." Your materials are so clear and humanistic. The RHISE team does an excellent job of presenting.

5/82
rr

Attachment 3.

RHISE Early Intervention Child Progress
Data Collection Tool

Client DMH #: _____

Birthdate: _____

Sex: Male _____ Female _____

Referral Rationale:

Developmental Delay _____ Behavior _____

Down's Syndrome _____ Environmental Delay _____

Cerebral Palsy _____ Miscellaneous _____

Age at Initial Testing:	Age at 2nd Testing:	Age at 3rd Testing:
_____ (months)	_____ (months)	_____ (months)

Test Scores:

	Initial Testing	2nd Testing	3rd Testing
REEL (SICD)	_____ (receptive)	_____ (receptive)	_____ (receptive)
	_____ (expressive)	_____ (expressive)	_____ (expressive)
Bayley Motor	_____	_____	_____
Bayley Mental	_____	_____	_____

Institutional Code: _____

Date: _____

(Test scores = age equivalent in months)

SKH/rar
2/82

III. Training

Project RHISE/Outreach provided both pre-service and in-service training to students and to professionals working in early intervention and/or early childhood programs. Pre-service training was provided to students in a variety of different professional training programs through the CDC Student Training, and onsite at colleges and universities. In-service training to individuals working with young handicapped children and their families was provided to individual programs, through regional groups, and at the state level. The following are the specific expected outcomes and corresponding training accomplishments.

Expected Outcome 1: Approximately 15 long-term students in the areas of special education, nursing, occupational therapy, physical therapy, and speech and language pathology will be trained in the RHISE Model and early intervention methods during the 1981-82 academic year.

Actual Outcome: Nineteen (19) long-term (4 weeks to 1 year) practicum students have had contact with and training in the RHISE Model and its components (see Table 1). Students were exposed to Project RHISE in the following ways:

a) CDC/RHISE slide-tape and RHISE orientation
b) Copies of RHISE materials: abstract, brochure, Child Development Chart and numerous RHISE articles (Grieving/Coping Process of Parents, etc.)
c) Therapy and early childhood special education interns who worked primarily in the Early Intervention Program were exposed to and utilized the RIDES, Curriculum Syllabus and the additional resources in the RHISE library
d) Several students were also involved in additional RHISE training through their participating in the "Birth-to-Three Symposium," Rock Valley College course "Introduction to Developmental Disabilities: and a variety of RHISE training sessions on "Working With Difficult Parents," etc. (see Attachment 1).

Expected Outcome 2: Approximately 150 short-term students from the disciplines of medicine, nursing, speech and language pathology, and special education will be given a 1-2 day orientation which will include the RHISE Model and the need for and methods of early intervention during the 1981-82 academic year.

Actual Outcome: 185 short-term students (½ - 2 days) and seven (7) Rockford School of Medicine residents (1 day - 1 week) have been exposed to Project RHISE through CDC's Student Training Program. Students have viewed the CDC/RHISE slide-tape, CDC's early intervention movie - "Hello, Somebody...," as well as receiving appropriate RHISE materials (e.g. Child Development Chart, program description, etc.)(see Table 1).

Children's Development Center
Student Training Program FY'82

A. Long-term Students (4 weeks to 1 year)	
Early Childhood - Special Education (University of Wisconsin - 1 year)	1
Sociology (Rockford College - 1 semester; 2 days/week)	1
Child Care and Development (Rock Valley College - 1 semester; 1/2 day/week)	3
Human Services (Rock Valley College - 1 semester; 2 days/week)	1
Early Childhood - Special Education (University of Wisconsin - 1 semester; 1/2 day/week)	6
Special Education - Physically Handicapped (Rockford College - 4 weeks)	1
Nursing (Northern Illinois University - 1 semester; 2 days/week)	4
Child Development (Northern Illinois University - 8 weeks)	1
Speech and Language (Northern Illinois University - 8 weeks)	1
	19

B. Short-term Students (1/2 day to 2 days)	
Respiratory Therapy (Rock Valley College)	10
Nursing (Northern Illinois University, Kishwaukee College, Rockford Memorial Hospital, Rock Valley College)	80
Adapted Activities (Rockford College)	15
Medical Students (Rockford School of Medicine)	35
Speech and Language (Northern Illinois University)	20
Pre-School/Early Childhood - Special Education (Northern Illinois University, University of Wisconsin)	20
Psychology; Social Work; OT; PT (Northern Illinois University, University of Illinois, St. Louis University)	5
	185

- -

Rockford School of Medicine Residents (University of Illinois - 1 day to 1 week)	7

Table 1

Expected Outcome 3: Twenty (20) undergraduate students at Rock Valley College will complete the course titled, "Introduction to Developmental Disabilities" by December 15, 1981. The instructor will use plans and materials developed by Project RHISE. Documentation will include number of students and materials used.

Acutual Outcome 3: Twenty-eight (28) undergraduate students completed the Rock Valley course, "Introduction to Developmental Disabilities" during the Fall 1981 semester. The course was team taught by two of the Project RHISE staff members. RHISE materials utilized in the course included the following:

	Title	Form
1)	Using the Consultancy Model in an Early Intervention Program	Handout
2)	"Hello, Somebody..."	Film
3)	Parent to Parent	Slide-tape
4)	Reaching Unreachable Parents	Lecture
5)	Grieving/Coping Chart	Handout
6)	Views of the Grief Process	Handout
7)	IEP Mandates	Handout
8)	Hydrocephalus	Parent Learning Package(PLP)
9)	Cerebral Palsy	PLP
10)	Spina Bifida	PLP
11)	Sources of Information Concerning Handicapped Children	PLP

Expected Outcome 4: Over 100 master's students in the Early Childhood/Handicapped Teacher Training Program at the University of Wisconsin-Whitewater; special education students at the University of Wisconsin-Eau Claire and other universities will receive training in the transdisciplinary approach to infant intervention from Project RHISE during the 1981-82 academic year.

Actual Outcome: 114 students received training from Project RHISE staff. Presentations included:

"Consultancy Model and the Transdisciplinary Approach"
"Indicators of Potential Handicaps"
"Early Intervention"
"Assessing the Young Child's Development" and
"Relating to Infants and Parents."

These presentations focused on practical application of the transdisciplinary approach and specific approaches developed by Project RHISE. The following are the specific presentations, most of which were half-day sessions:

RHISE Presentations

Rockford School of Medicine Residents "Indicators of Potential Handicaps"	20
Northern Illinois University Pre-School Special Education Students "Indicators of Potential Handicaps"	10
Rock Valley College Child Development Students "Early Intervention"	40
Northern Illinois University Child Development Students "Assessing the Young Child's Development"	20
Rockford School of Medicine Residents "Relating to Infants/Parents"	10
University of Wisconsin-Eau Claire "Consultancy Model and Transdisciplinary Approach"	14
	114

Expected Outcome 5: Twenty-five (25) students will participate in El. Ed. 675 "Strategies for Effective Parent/Family Involvement in Programs for Very Young Children," at Western Illinois University, July 13-24, 1981, which will be collaboratively taught by Project RHISE and other members of the Illinois BEH Consortium. For approximately half of the students, this will be pre-service training experience as part of a degree program and for the other half it will be in-service training. Numbers and level of students along with content of training will be documented.

Actual Outcome: Two (2) Project RHISE staff conducted two (2) days of the course on July 21, 22, 1981. There were sixteen (16) students in the class with two (2) at the preservice level and fourteen (14) at the inservice level. The first day of training focused on a developmental approach to working with parents and included the parent readiness levels. For the second day, techniques and strategies were presented for dealing with "difficult" or "unreachable" parents (see Attachment 2).

Expected Outcome 6: Approximately 200 professionals currently working in early intervention programs in Illinois will receive training on best practice concerns from Project RHISE at the United Cerebral Palsy Association of Illinois 0-3 Symposium in the spring of 1982. Documentation will include number of participants and content of symposium.

Actual Outcome: The Second Annual Birth-to-Three Symposium, "Programming Strategies for Infants With Handicapping Conditions" was held in Peoria, Illinois on March 25-26, 1982 (see Attachment 3). The symposium was co-sponsored by Macomb 0-3 Regional Project; Peoria 0-3 Outreach Project and Project RHISE/Outreach. Due to time and money constraints, United Cerebral Palsy Association of Illinois chose not to co-sponsor the event.

The symposium was very successful attracting participants from Wisconsin, Indiana, and Illinois. One hundred forty (140) persons attended the symposium.

Project RHISE staff conducted four workshop presentations:

Date	Title	Number of Participants
3/25/82	Pin the Tail on the Donkey - the Community Awareness Game	17
3/26282	Environmental Design: It's Not Just for Big Corporations	15
3/26/82	Discussion Group - Urban Programs	5
3/26/82	Stress Management for Early Childhood Professionals	26

Expected Outcome 7: Over 100 professionals from Area Education Agencies will receive training during two to three days of training to be arranged by the Iowa State Preschool Coordinator. The training will be provided in cooperation with Macomb 0-3 Regional Project and Peoria 0-3 Outreach Project. The specific content of training and number of professionals trained will be documented.

Actual Outcome: A two day conference was held on November 19-20, 1981 in Des Moines, Iowa (see Attachment 5). The conference was a joint effort of Project RHISE/Outreach Macomb 0-3 Regional Project and Peoria 0-3 Outreach Project. It was co-sponsored by the State of Iowa, Department of Public Instruction. Fifty (50) professionals from Area Education Agency Early Childhood Programs were in attendance. Project RHISE staff presented two (2) keynote presentations (one due to the cancellation of one of the Peoria sessions), one small group session, and one RHISE staff member participated in a panel discussion as follows:

Session	Type	Participants
1) The Importance of Early Intervention	Keynote	50
2) Readiness Levels of Parent Involvement	Keynote	44
3) Working With Difficult Parents	Small Group	26

Numerous Project RHISE/Outreach materials were also distributed at the conference via the Project RHISE display table:

Product	Number
The Consultancy Model: Concept and Procedure	31
A Parent Program: Parents and Professionals Working Together	37
Parent Needs Assessment Package	40
Understanding, Working With, and Counselling Parents of Handicapped Children - A Selected Bibliography	39

Expected Outcome 8: Approximately fifty (50) home training consultants will receive two days of training regarding working with parents. The training will be provided in cooperation with the University of Wisconsin Extension for Continuing Education and the Wisconsin Association of Home Training Consultants. Documentation will include content of training, number of participants, and the amount of funding.

Actual Outcome: A two day workshop, co-sponsored by the University of Wisconsin Extension for Continuing Education and the Wisconsin Association of Home Training Consultants was conducted on September 28-29, 1981 in Madison, Wisconsin (see Attachment 6). Forty-five (45) home trainers, representing most disciplines, attended the conference. The workshop consisted of two (2) days of intensive training on working with parents of handicapped children. One of the RHISE staff was, as a result of this workshop, invited to present two (2) sessions at the "Governor's Conference on Violence in the Family" in November, 1981.

Expected Outcome 9: A minimum of four (4) one day workshops will be provided for regional preschool consultants in Minnesota and/or Area Education Agencies in Iowa. Dates, location, number of participants, content of training and amount of funding will be documented.

Actual Outcome: No training was actually conducted as part of this objective. One workshop was scheduled in Minnesota, but was later cancelled due to a teacher's strike. No further workshops were scheduled due to funding reductions resulting in a significant loss of staff and training monies of the Minnesota Regional Preschool Consultants. In fact, the Regional Preschool Consultants have been eliminated entirely for FY 1983.

The Iowa Conference (see Actual Outcome 7, this section) resulted in several contacts with Project RHISE staff this spring and a specific request for a workshop in September of 1982. Due to the lateness of the requests (in the fiscal year) and the uncertainty of funding it was not possible to arrange this training during FY 1982.

Expected Outcome 10: Approximately 150 professionals working in Illinois birth-to-three programs will receive training from Project RHISE and members of the Illinois First Chance Consortium on best practice topics by June 30, 1982 as a result of regional workshops. Documentation will include number of training sessions provided, number of participants and topics of training.

Actual Outcome: In July, 1981 Project RHISE and the Macomb 0-3 Regional Project proposed training for birth-to-three service providers in Illinois under the auspices of the Governor's Planning Council on Developmental Disabilities (see Attachment 7). Specifically four (4) regional workshops were proposed and would have included other members of the Illinois First Chance Consortium. The Governor's Planning Council expressed considerable interest in the proposal and requested additional information which was supplied by Project RHISE and the Macomb 0-3 Regional Project (see Attachment 8). The Governor's Planning Council was asked to

provide travel expenses for participating First Chance projects, which would have resulted in local service providers receiving training at minimal or no cost. There was considerable discussion and numerous phone calls with GPC staff. Ultimately, due to limited GPC funds, the training was not provided.

Expected Outcome 11: Approximately ten (10) individual programs will request and receive one-half to full-day workshops on specific topics on RHISE components in accordance with individual program in-service needs. Dates, locations, topics, number of participants, and amount and source of funding will be documented.

Actual Outcome: Ten (10) one-half day and two full-day workshops were requested and conducted during FY 1982 (see Table 2). Training was provided to 321 participants representing all professional disciplines, although most of the participants were early childhood-special educators. For some of the workshops, the sponsoring agency reimbursed travel expenses, for a total of $1,152.92.

Additional Outcomes:

1) One of the training workshops with its corresponding training materials dealing with a developmental approach to working with parents - Parent Readiness Levels - was extremely well received and other projects asked permission to use the Project RHISE materials in their training (see Attachment 9). Documented second party use of Project RHISE materials include:

Dr. Katie McCartan	Outreach: Macomb Regional 0-3 Project
Mary Morse	MICE Project, Concord, NH
Mary Tufft	New Vistas for Handicapped Infants, Santa Fe, NM
Elizabeth Gerlock	OUTFIT Project, Nashville, TN

2) Workshop materials developed by Project RHISE dealing with environmental design in classrooms for young handicapped children and environmental concerns with young children were requested for use in training by the Peoria 0-3 Outreach Project.

3) During FY 1982, sixty-five (65) students, professionals, and volunteers were trained to administer the Denver Developmental Screening Test (DDST) as follows:

Junior League Volunteers	20
Crusader Clinic Staff	5
Northern Illinois University Nursing Students	25
Family Advocate Program Staff	10
Public Health Department Staff	5
	65

Table 2

	Date	Location	Programs Involved	Information Presented	Participants	Funding From Agency
1)	11/11/81	Janesville, WI ½ day	Blackhawk Tech. Parent Education Project, C.A.P. Community Services, Children's Service Society, Head Start and Lutheran Social Services	Survival Techniques for Parents	26	$ 10.56
2)	1/13/82 1/14/82	Rockford, IL ½ day	Regional Access Program (RAP)/ Northern Illinois Head Start Programs	Involving Parents in the IEP Process, Reaching Unreachable Parents and Working With Parents of Handicapped Children	67	
3)	1/14/82	Appleton, WI ½ day	Appleton Area School District Parent Advisory Committee	Communication Between Parents and School Personnel	15	$102.00
4)	1/14/82	Milwaukee, WI ½ day	St. Francis Activity and Achievement Center for Children Penfield Children's Center	Parent Readiness Levels	21	
5)	3/5/82	Baltimore, MD full-day	State Level Conference sponsored by State Department of Education	Empathizing and Communicating With Parents of Handicapped Children	40	$456.85
6)	3/12/82	Detroit, MI full-day	Regional Access Program (RAP)/ Michigan Head Start Programs	Basic Approaches for Supporting Parents of Handicapped Children: The Grieving/Coping Process	40	$453.00
7)	3/19/82	Barron, WI ½ day	Head Start	Parent Involvement/ Working With Difficult Parents	22	$130.31

Table 2 (cont.)

	Date	Location	Programs Involved	Information Presented	Participants	Funding From Agency
8)	4/24/82	Freeport, IL ½ day	Association for the Education of Young Children	Denver Developmental Screening Test Techniques and Implications	35	
9)	4/29/82	Rockford, IL ½ day	Family Advocate Program	Child Development	9	
10)	4/20/82	Milwaukee, WI ½ day	St. Francis Activity and Achievement Center for Children and Racine County Opportunity Center	Reaching Unreachable Parents	20	
11)	5/01/82	Menasha, WI ½ day	Menasha, Neemah, Greenbay, and Oshkosh Early Intervention Programs	Readiness Levels for Parent Involvement	16	
12)	5/26/82	Rockford, IL ½ day	Family Advocate Program	Aspects of Child Development and Child Assessment	10	
				TOTAL	321	$1152.92

The Junior League volunteers routinely screen all birth-to-three aged children who attend fifteen (15) Winnebago County Health Department pediatric clinics. Five hundred-seventy two (572) children were screened utilizing the DDST. Fifteen (15) volunteers assisted Children's Development Center staff during March 1982 mass screenings in Ogle, Boone and Winnebago Counties. Three hundred-sixty eight (368) children were screened.

ATTACHMENTS

Northern Illinois University
DeKalb, Illinois 60115

School of Nursing
Montgomery Hall
815 753 1231

Attachment 1

February 5, 1982

Mr. Steven Smith, Director
Project RHISE
Child Development Center
650 N. Main Street
Rockford, IL 61103

Dear Mr. Smith:

As the faculty member from Northern Illinois University School of Nursing responsible for Community Health involvement of senior nursing students, it has been my privilege for the past three years to utilize the support and assistance of the RHISE staff. Everyone has been most cooperative and the learning opportunities have been excellent.

Ms. Susan Hall, the educational liaison, has been especially helpful. Aside from her planning skills, she has taught and implemented the use of the Denver Developmental Test for the last 23 students assigned to the Rockford area. This has been an excellent experience for these new professionals and assuredly will enhance their nursing skills as they practice what they have learned.

The School of Nursing at Northern Illinois University considers this aspect of our program as superior. We do thank you for your efforts in support of our teaching. We look forward to a continuing productive interaction with Project RHISE.

Sincerely yours,

Annette S. Lefkowitz

Annette S. Lefkowitz, R.N., Ed.D.
Professor
School of Nursing

ASL:cd
cc: Jean Adams
Susan Hall

Northern Illinois University is an Equal Opportunity/Affirmative Action Employer

Attachment 2.

July 24, 1981

Steve Smith and
Dick Rundall
Project RHISE/OUTREACH
650 North Main Street
Rockford, Illinois 61103

Dear Steve and Dick:

I want to tell you once again how much we appreciated and enjoyed your visit to Macomb, your presentations to the ElEd 675 class on July 21 and 22, 1981, and the work we managed to accomplish while you were here. And we did get a lot of things out of the way, or at least got them in the definite planning stages.

Your class presentations were superb! You came prepared with so much information and materials to disseminate and your manner of conducting the class was so professional, that we could not help but be impressed. I heard several favorable comments from the class members the following day - they really felt like they absorbed a lot of new ideas, information and insights.

I'm really happy we had time to plan our other cooperative endeavors that are coming up in the near future. I think we really got everything under control. Bonnie and I appreciate your allowing the time for this while you were here.

Thanks again and take care.

Sincerely,

Patti

Patricia L. Hutinger, Ed.D.
Project Director
Professor, Early Childhood

PH:lr

College of Education • 27 Horrabin Hall • Western Illinois University • Macomb, IL 61455 • 309/298-1634
Member of National Diffusion Network

A symposium for...

Educators, Child Development Specialists, Occupational Therapists, Physical Therapists, Speech/Language Pathologists, Administrators, and all others concerned with services for young handicapped children.

Symposium objective...

To present current research, practices, and trends relevant to early intervention with birth-to-three year old developmentally disabled infants/toddlers and their families.

Concurrent workshops will be offered in a four track system:

I. Disabilities & Assessment
II. Curriculum & Programming Strategies
III. Program Management
IV. Personal & Professional Development

A special feature of this symposium will be working/discussion sessions which will provide participants an opportunity to interact with each other and talk with presenters in an informal fashion. There will be two discussion sessions during the symposium.

The symposium will begin with registration at 8:00 a.m. on Thursday, March 25th with the keynote address at 9:00 a.m. and will conclude at 3:15 p.m. on Friday, March 26th.

Symposium presenters:

Eleni Calbos
Jane Chapin
Joan Clary
Rick Erickson
Sandy Farkash
Val Feldman
Susan Hall
Dr. Bill Hayden
Dr. Patti Hutinger
Diane Kastelic
Dr. Victoria Lavigne
Dr. Katie McCartan
Lynn Moore
Dr. Andrew Morgan
Duffy Peet
Dr. Diane Pien
Ruth Roeder
Margaret Schilling
David Shearer
Connie Smiley-Peterson
Steven Smith
Shirley Strode
Ron Wisecarver
and Others...

Cost...

Registration fees which include two luncheons are $40.00 per person.

Location:

Ramada Inn
415 St. Mark Court
Peoria, Illinois 61603
(at Glendale Exit Int. 74)
(309) 673-6461

Ramada Inn is offering a special rate to symposium participants of $38.00 a night for a single and $44.00 for a double (if more than two - a charge of $5.00 per person is charged - up to four may occupy a room).

Make reservations directly to the Ramada Inn. Rooms are reserved for March 24, 25, and 26th. (For information regarding other lodging accomodations, contact the Peoria 0-3 Outreach Project.)

0-3 Symposium Registration Form
March 25 - 26, 1982, Peoria, IL

PLEASE PRINT OR TYPE

Name: _____ Title: _____

Agency/Project: _____

Address: _____ (street) _____ (city)

_____ (state) _____ (zip) Phone: _____ (area code)

Please enclose registration fee of $40.00 and make check payable to:

Peoria 0-3 Outreach Project

(Please copy this if you need additional registraion forms.)

PLEASE RETURN COMPLETED FORM BY MARCH 19th TO:

Shirley Strode
Peoria 0-3 Outreach Project
320 E. Armstrong Avenue
Peoria, IL 61603
(309) 672-6358

Attachment 3.

WORKSHOP SESSIONS INCLUDE:

Hearing Impaired and Deaf Children

Curriculum

Management Strategies

How to Work With Doctors

Assessment of Premature Infants

Working With Parents

Community Relations

How to Work With Schools

Early Identification of MBD

Environmental Design in Early Intervention Programs

Documenting Program Effectiveness: The Key to Future Funding

Transition Issues

Child Assessment

Adaptive Equipment

Time Management

Coping With Stress in Early Intervention

Project Rhise
Children's Development Center
650 N. Main Street
Rockford, Illinois 61103

Non-Profit Organization
U.S. POSTAGE
PAID
Rockford, Illinois
PERMIT NO. 367

ANNOUNCING

THE

SECOND ANNUAL BIRTH-TO-THREE SYMPOSIUM

"Programming Strategies for Infants With Handicapping Conditions"

Sponsored By:

Outreach: Macomb 0-3 Regional Project
Peoria 0-3 Outreach Project
Project RHISE/Outreach

MARCH 25 - 26, 1982

RAMADA INN
415 ST. MARK COURT
PEORIA, ILLINOIS 61603
(AT GLENDALE EXIT INT. 74)
(309) 673-6461

SECOND ANNUAL INFANT SYMPOSIUM

Evaluation Results

Attachment 4.

Speaker: Susan Hall

Session: Pin the Tail on the Donkey-The Community Awareness Game

Time: 1:45 March 25, 1982

Quality

Excellent		Good		Poor
5	4	3	2	1
9	4	1		

$\bar{X}$= 4.57

N= 17

Usefulness

Very Useful		Of Some Use		Not Useful
5	4	3	2	1
8	6			

$\bar{X}$= 3.73

N= 15

Comments

Excellent and thorough information and specific

Good energy level and group involvement

This was an excellent session. I felt that it deserved more time.

Extremely good, clear, and useful to my situation.

Attachment 4.

SECOND ANNUAL INFANT SYMPOSIUM

Evaluation Results

Speaker: Kastelic

Session: Environmental Design: It's Not Just For Big Corporations

Time: 8:30 AM March 26, 1982

Quality

Excellent		Good		Poor
5	4	3	2	1
5	7	1	2	

$\bar{X}$= 4.0

N= 15

Usefulness

Very Useful		Of Some Use		Not Useful
5	4	3	2	1
5	3	4	2	

$\bar{X}$= 3.79

N= 14

Comments

Presentation informative, relaxed, relevant. Made me think of new aspects of environment.

I would have liked to see more examples of "good" room set-ups.

Super - included small group time working on specific problem.

PARENTAL INVOLVEMENT CONFERENCE

November 19-20, 1981

Sheraton Inn

Des Moines, Iowa

Sponsored By:

Special Education Division

Iowa Department of Public Instruction

Pre-registration Required

AGENDA

Thursday, November 19

8:00- 8:45	Registration/Coffee and Rolls
8:45- 9:00	Introductions/Overview Joan Clary Department of Public Instruction
9:00- 9:45	Importance of Early Intervention Steven Smith (RHISE)
9:45-10:30	Parent Involvement Dr. Patti Hutinger (Macomb)
10:30-10:45	Break
10:45-11:30	Grief Process of Parents of Handicapped Children Shirley Strode (Peoria)
11:30-12:00	Panel of Three Presenters Moderated by Joan Clary
12:00- 1:15	Lunch (On your own)
1:15- 2:45	Overview of Parent Programs Panel: Macomb 0-3 Regional Project Peoria 0-2 Project Project RHISE/Outreach Project FINIS (Marshalltown, Damon Lamb, Presentor
2:45- 3:00	Break
3:00- 5:00	Concurrent Sessions: 1) Communication Techniques (Active Listening) - Macomb 2) Parents Perspective: Videotape - Peoria

Attachment 5.

Attachment 5.

AGENDA

iday, November 20

8:00-10:30	Concurrent Sessions: 1) Readiness Levels for Parent Involvement - RHISE 2) Parent Needs Assessment - Peoria
10:30-10:45	Break
10:45-11:45	Interaction Time: 1) Participant to Participant 2) Participant with Project Staff 3) Browse Materials
11:45- 1:15	Lunch - Smuggler's Inn "State Perspective for Preschool Handicapped" Joan Clary, Speaker
1:15- 3:15	Concurrent Sessions: 1) Evaluating Parent Programs - Macomb 2) Working with "Difficult" Parents - RHISE
3:15- 3:30	Wrap Up/Post Workshop Evaluation
3:30	Adjournment

OUTREACH PROJECTS PRESENTING (HCEEP NETWORK):

Outreach: Macomb 0-3 Regional Project, M
Peoria 0-3 Outreach Project, Peoria, IL
Project RHISE/Outreach, Rockford, IL

FOCUS:

Exploration of models and techniques for ment of parent involvement in programs fo handicapped children.

TARGET AUDIENCE:

Teachers of preschool handicapped with ho instruction assignments. Social workers ing with parents of young handicapped chi

GOALS OF WORKSHOP:

Provide exposure to three separate models preschool services from Illinois Projects

Provide opportunities for sharing among w participants regarding techniques for par involvement.

Discussions of ways to improve quality an quantity of parent involvement.

Review of Iowa status of services to pres handicapped.

Attachment 6.

UWEX UNIVERSITY OF WISCONSIN-EXTENSION

425 LOWELL HALL 610 LANGDON STREET MADISON WISCONSIN 53706 263-2088 AREA CODE 608

CONTINUING EDUCATION IN MENTAL HEALTH

Brewer 272
University of Wisconsin
Eau Claire, WI 54701
October 1, 1981

Steve Smith
Dick Rundall
Sue Hall
Diane Kastelic

Project RHISE/OUTREACH
Children's Development Center
650 North Main Street
Rockford, Illinois 61103

Greetings to you all!

And, my thanks to you collectively and individually for your presentation and participation in the workshop.

Again, your cooperation and sensitivity to the program needs of those who attended was apparent. I suppose that any program would have room for changes, but based on the evaluations most of the expectations of the participants were met.

I hope by the information contained on the enclosed pages that you can determine additional workshop offerings and continue to meet the needs of those who attend your workshops. I felt very comfortable working as a facilitator, and from my perspective, when I don't have to 'worry' over the presentors it is because they are professional enough to do their job - congratulations on a fine job!!!

I appreciated the suggestions for potential programs and sources for those programs, Steve. The planning committee is one 'source' of program determination, but I hope to touch base with other agencies who may also need additional programs associated with your project. Then I can be in touch again. I am reminded that we spoke briefly, Dick, with Dave Franks about something in the summer of 1982, so I'll check with him again, here.

Cordially,

Dwayne D. Peterson, Ed.D.
Associate Professor

DDP:encl.

UW-Extension provides equal opportunities in employment and programming, including Title IX requirements.

Attachment 6.

PROGRAM EVALUATION

CONTINUING EDUCATION IN MENTAL HEALTH HEALTH SCIENCES UNIT

U. W. EXTENSION

PROGRAM: SEPTEMBER 28/29, 19[illegible]
MADISON, WISCONSIN.....

An evaluation system attempts to promote change. Your responses aid each planning group to work toward better programming. Thank you for your time, for your information

OVERALL PROGRAM INFORMATION: please check the appropriate column ✓

	Strongly agree	Agree	Disagree	Strongly disagree
1. Content of this program was as described in the printed brochure.	18	19	0	
2. Program was well paced within allotted time.	12	23	2	
3. Content presented was suitable for my background and experience.	20	12	3	
4. Handouts and supportive materials were relevant.	24	16	0	0
5. Participants were encouraged to take an active part.	20	17	1	0
6. The topic(s) were adequately covered.	14	22	1	0
7. I will be able to utilize this information in my work.	18	17	2	0
8. The program met my individual objectives.	14	14	8	0
9. In relation to other extension programs, this was quite well organized for my needs.	16	12	2	1

SPEAKERS AND PRESENTORS APPRECIATE RECEIVING FEEDBACK INFORMATION TOO. PLEASE COMPLETE THIS SECTION:

5=excellent 3= average 1= poor

SPEAKER	5	4	3	2	1	CONTENT	PRESENTATION	5	4	3	2	1
Richard Rundell	17	14	3	1	0	5 4 3 2 1	5 4 3 2 1	19	9	3	0	0
Steve Smith	16	15	4	0	0	5 4 3 2 1	5 4 3 2 1	18	9	4	0	0
						5 4 3 2 1	5 4 3 2 1					
						5 4 3 2 1	5 4 3 2 1					
						5 4 3 2 1	5 4 3 2 1					
						5 4 3 2 1	5 4 3 2 1					
						5 4 3 2 1	5 4 3 2 1					
						5 4 3 2 1	5 4 3 2 1					

SUGGESTIONS FOR FUTURE PROGRAM CONTENT OR SUBJECT AREAS

SPEAKER SUGGESTIONS?

optional signature _____

OUTREACH: Macomb 0-3 Regional Project

A Rural Child-Parent Service

JDRP approved

Attachment 7

July 27, 1981

Raymond Ramirez
Executive Director
Governor's Council on
Developmental Disabilities
222 South College
First Floor
Springfield, Illinois 62706

Dear Mr. Ramirez:

We would like to set up a task force under your auspices to provide in-service training to programs which are currently working with handicapped and developmentally delayed children from birth to three in the various regions of Illinois. The purpose of the proposed task force and the in-service is to upgrade the programs that we already have in Illinois through the use of Illinois First Chance Consortium Projects. These include both Project RHISE and Macomb 0-3 Regional Project which we represent. RHISE, Peoria 0-3, and Macomb 0-3 Regional Project are federally funded Outreach projects whose function is to train. Other federally funded 0-3 programs in the State include Project Pre-Start and HI-MAPS, both of which are Demonstration projects. These programs all serve a variety of handicapping conditions and would be able to provide specific workshops on topics that are of critical interest to service delivery personnel. Projects in both the Outreach and Demonstration phase feel a commitment to upgrading the programs currently working in Illinois.

We feel the composition of this task force should include the above mentioned representatives from the Illinois First Chance Consortium and that it should reflect the input of the code agencies from the State of Illinois. We also think it would be important to have representation from the Governor's Office. We would be very pleased if the Governor's Planning Council would sponsor this activity.

It is our thinking that the inservice we would offer would take the form of one day or two day workshops in at least three regions of the state, North, Central, and South. Topics to be addressed in the workshops would result from needs assessment of the various target projects involved, but are likely to include content related to working with parents and their young

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Member of National Diffusion Network

developmentally delayed children; issues related to integrating professional approaches (i.e., transdisciplinary approaches among professionals), curricular activities and materials that can be used with both children and parents, questions of child assessment, diagnosis, screening and issues related to program evaluation. Other topics would, of course, be addressed as target programs find this useful. Since our major task as Outreach projects is to promote high quality service and since we have a great deal of expertise in this area, we would be happy to provide inservice training activities to Illinois programs. Costs would be relatively low.

We hope you look upon this suggestion favorably. We will be happy to meet with you to discuss such a task force in detail. Please call us.

Sincerely,

Patricia L. Hutinger

Patricia L. Hutinger, Ed.D.
Project Director
Outreach: Macomb 0-3 Regional Project

Steven Lynn Smith

Stephen Lynn Smith
Project Director
Project RHISE, Outreach

Attachment 8.

TO: Lu Stump

FROM: Patricia Hutinger and Steve Smith

DATE: August 28, 1981

The purpose of this document is to clarify and expand the concepts of training activities proposed for birth to three programs in Illinois, in our letter of July 27, 1981. The activity we proposed consists of a series of four two-day workshops for staff from birth to three service delivery personnel in four regions of the state. Proposed sites include Rockford, Macomb, Champaign, and Carbondale or Springfield. We feel that some change in site or number is possible depending upon the amount of support available for such activities. The dates of the workshop would be determined after conducting a Needs Assessment of the 0-3 programs in the various regions. A tentative budget which totals $3,616 for these activities is included in the accompanying attachment.

The procedures being followed in requesting money are normal OUTREACH procedures. OUTREACH funding from the U.S. Office of Education includes the cost of staff; however, it does not include the cost related to getting staff members from OUTREACH Projects to sites. It is the usual custom for others to pay transportation, food and lodging costs on such training activities. There is no "double-payment" involved in requesting travel funds for these training sessions.

The goals of the training session are two-fold; 1. to upgrade the quality of services in existing birth to three programs in Illinois, 2. to increase staff knowledge and skill in topics related to programming for young children with developmental disabilities.

Specific objectives for the workshop will depend in part upon the needs expressed by the four regions. Objectives include the following: 1) to gain skills and knowledges in specialized areas related to working with young developmentally disabled children and their families,

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2. to present alternative approaches to service delivery, 3. to provide a framework for an overall system which could become functional in birth to three programs in the state in terms of screening, assessment and other selected topics, 4. to gain knowledge and skills related to acquiring services from resources available within the state of Illinois, as well as the First Chance Consortium.

A sample of tentative plans for a workshop on strategies for working with parents to be presented for the Iowa State Department of Public Instruction is contained in an attachment which follows. It is customary procedure for workshops similar to this to develop from the needs of participants. Topics we feel might be of interest include these mentioned before, assessment, screening, intervention strategies, specific techniques for low incidence disabling conditions, specific techniques for working with families, coordination of community resources, administrative and cost determination procedures, curriculum activities, materials for use with children and families, roles of professional staff including interdisciplinary and transdisciplinary approaches, and other topics which have been addressed by all the projects involved for a number of years. There are selected areas of expertise which will be covered in the workshops so that when HI-MAPS presents, information related to working with deaf infants will be highlighted. The consultancy model used by Project RHISE will also be highlighted, as well as the rural approach and the least restrictive alternative of sharing centers used by the Macomb model. Other selected topics, unique to the various projects, can be part of each workshop.

We proposed these strategies initially because we feel that it is easier and more economical for the 0-3 programs in counties to attend regional workshops rather than a large meeting which could very well be a greater distance away. Our intent was also to offer a service in our own state which we regularly provide in other states.

While this letter does not specify specific topics for each workshop (because we feel the Needs Assessment should direct the content) it is likely that the workshops will focus on parent involvement since that seems to be a prime area of need in almost any program, on assessment strategies, on curriculum techniques, and on interagency coordination. We have a number of written materials from all the project addressing topics related to young children and their families. Materials will be most worthwhile to the programs within the state. Both Project RHISE and the Macomb 0-3 Project have active dissemination programs and distribute information to the projects all over the country. We will be happy to use these materials within Illinois for the workshop purposes and will contribute them, as well as our collective experties, in the proposed effort.

We are requesting support from the Governor's Council because we feel their involvement will lend greater credibility to the effort. Evaluation procedures will be used to document impact of the training.

Proposed Budget for Four 0-3 Workshops in Illinois

Ideally, two people per project - mileage remains the same.

Macomb (Macomb will not have expenses)

$320	Mileage - (4 projects x 400 miles x .20 per mile)	
288	Perdiem - 8 persons @ $18 per day x 2 days	
200	Hotel	
$808		$ 808

Rockford - (RHISE will not have expenses)

$320	Mileage - (4 projects x 400 miles x .20 per mile)	
288	Perdiem - 8 persons @ 18 per day x 2 days	
200	Hotel - 5 rooms x $40 average	
$808		$ 808

Champaign

$ 400	Mileage - 5 projects x 400 miles x .20 per mile	
360	Perdiem - 10 persons @ $18 per day x 2 days	
240	Hotel - 6 rooms x $40 average	
$1000		$1000

Carbondale

$400	Mileage - 5 projects x 400 miles x .20 per mile	
360	Perdiem - 10 persons @ $18 per day x 2 days	
240	Hotel - 6 rooms x $40 average	
$1000		$1000
		$3616

*Note average mileage is figured at 400 miles round trip for each workshop

Hutinger, Smith
August, 1981

+ [illegible]

MULTI-DISCIPLINARY

INTER-AGENCY

CORE

EVALUATION & SERVICES

c/o N.H. Division of Public Health
Hazen Drive
Concord, New Hampshire 03301
(603) 271-4529

May 13, 1982

Attachment 9.

Mr. Steven Lynn Smith
Project RHISE Director
Children's Development Center
650 North Main Street
Rockford, Illinois 61103

Dear Steve:

I am writing to compliment you on your talk on May 7, 1982 in Salt Lake City. Your materials on Readiness Levels of Parents is most critical in home programming for young handicapped children. As we discussed, I would like to be able to utilize these materials with my staff and with community agencies working with blind and visually handicapped infants (birth to age 3). Any materials distributed will be credited to Project RHISE.

If you have any questions or concerns regarding use of your materials, please do not hesitate to contact me.

Sincerely,

Mary

Mary T. Morse, Ed.M.
MICE Project Director

MTM/srk

George Peabody College for Teachers
VANDERBILT UNIVERSITY
NASHVILLE, TENNESSEE 37203 TELEPHONE (615) 322-7311

John F. Kennedy Center for Research on Education and Human Development
Box 151, Peabody College • Direct phone 322-8425

Demonstration and Research Center for Early Education

Attachment 9.

June 1, 1982

Steve Smith, Project Director
Project RHISE/Outreach
650 N. Main Street
Rockford, Illinois 61103

Dear Steve:

I very much enjoyed your presentation on working with parents at the Rural Network Workshop in Salt Lake City. I recently used some of the materials in a training session with three teachers at the Marshall County Child Development Center in Lewisburg, Tennessee. I gave them copies of the RHISE Services for Children/ Services for Parents chart, Readiness Levels of Parents, and Techniques. I gave the same materials to Ann Carr who is working with a group at the University of Texas Medical Branch, Department of Pediatrics, Galveston, Texas.

You mentioned several references and gave some quotations at the beginning of your presentation. Could you send me those quotations as well as any other materials you have available that you did not give out in Salt Lake City?

Thank you for allowing us to use your materials. I certainly like your approach and philosophy for working with parents.

Sincerely,

Elizabeth Gerlock
Training Coordinator
OUTFIT Project

EG/cal

IV. Product Development and Dissemination

For FY 1982 the focus was on revising and/or expanding existing materials, and greater dissemination of existing materials. Project RHISE/Outreach materials were successfully distributed nationwide. Major accomplishments for the year included revision of the Child Development Chart and revision and mass distribution of the product list. The following are the specific expected outcomes and related accomplishments.

Expected Outcome 1: By 4/1/82 five (5) to ten (10) new entries for the Curriculum Syllabus will be developed. Documentation will include number and description of entry completed.

Actual Outcome: During FY 1982, a total of fifteen (15) new entries were added to the Curriculum Syllabus (see Attachment 1). Four (4) new reviews of curriculum resources and eleven (11) recommended references were completed using a revised format. This format change represents the beginning of the total revision of the Curriculum Syllabus which was proposed for FY 1983. The list of references has been broadened to include professional papers and journals.

This expansion reflects the growing need of direct service providers to be aware of and have access to current information, at minimal cost.

Expected Outcome 2: By 4/1/82 approximately 20 entries will be completed for a new section of the Curriculum Syllabus listing curriculum resources for parents. The number of entries and general description of material will be documented.

Actual Outcome: A new section of the Curriculum Syllabus was compiled with twenty-one (21) parent oriented entries (see Attachment 2). The format for these entries was different from all previous sections of the syllabus and included resources specific for parent reading and use. This format would have enabled project staff to easily transfer this section to a separate Syllabus for Parents which was a projected new product for FY 1983.

Expected Outcome 3: By 4/1/82 three (3) to five (5) new or revised Parent Learning Packages will be completed. The number and content of new and revised learning packages will be documented.

Actual Outcome: During FY 82, two (2) Parent Learning Packages were revised, #18, Problems Which Can Occur in Speech and Language Development and #16, Sources of Information Concerning Handicapped Children. Both of these were expanded and revised to include more up-to-date information. This objective was only partially completed due to the time required for revising the Child Development Chart and revision of other products.

Expected Outcome 4: By 4/1/82 at least one new product for dissemination will be developed from existing training materials. Documentation will include description of product developed.

Actual Outcome: From existing community awareness materials, a seven (7) page Community Awareness Planning Guide was developed. This guide provides the basis for planning a full program year of community awareness activities. It includes sections on internal agency communications, promotional materials, media resources, special events and community presentations.

Expected Outcome 5: By 6/30/82 approximately 100 new orders for Project RHISE products will be received and responded to. Documentation will include total number of orders and number of individual products requested.

Actual Outcome: During FY 82 the product list was revised and transformed into a booklet format, which is entitled, Project RHISE/Outreach Resources and Materials Booklet. Within the booklet there is a brief description of each product and separate order form (see Attachment 3 for booklet cover and sample page). When materials are ordered, the booklet is retained and a new order form is sent with the materials purchased so that the booklet has the potential of being used repeatedly to order materials.

The new Resources and Materials Booklet was mailed to over 900 individuals and programs. During the entire year there were 97 separate orders for products with 1320 individual products being purchased (see Attachment 4).

Additional Outcomes:

1. The Child Development Chart was completely revised and ready for dissemination on 3/15/82. The original chart was designed to show skill acquisition during specific months and contained outdated child development information. The revision of the Child Development Chart enabled project staff to cross-reference the skills listed with the RIDES Checklist and provide readers with age ranges for developmental tasks (see Attachment 5). Dissemination information is available in section I. Increasing Awareness, Objective 3.

2. A video tape, Parents as Partners, was produced by the Children's Development Center birth-to-three program staff. Project RHISE staff served as consultants in developing the video tape and have used the tape in training at three (3) sites and during the Project RHISE Retreat. The video tape shows several types of parent involvement in the CDC birth-to-three program.

ATTACHMENTS

ATTACHMENT 1.

New Curriculum Syllabus Entries Fy 1982

A. Curriculum Entries

1. Horizons Curriculum for the Severely Handicapped - Central Wisconsin Center for the Developmentally Disabled
2. Facilitating Children's Development: A Systematic Guide For Open Learning Volume I: Infant and Toddler Learning Episodes - Meier, John; Malone, Paula
3. When You Care For Handicapped Children - Texas Department of Human Resources
4. Working With Parents and Infants, Bromwich, Rose

B. New Recommended References

1. Helping Parents Grow - Washington Co. Children's Program Outreach Project
2. Helping Children Grow - Washington Co. Children's Program Outreach Project
3. Infants at Risk - Pediatric Roundtable #5, Johnson & Johnson
4. Birth, Interaction and Attachment - Pediatric Roundtable Series #6, Johnson & Johnson
5. Analysis of Service Delivery to Children, Birth-to-Three and Their Families - Kelly, Jean
6. Interact-Early Intervention For Children With Special Needs and Their Families: Findings and Recommendations - WESTAR
7. ISBE Manual - "Early Childhood Assessment: Recommended Practices and Selected Instruments"
8. HCEEP Rural Network Monographs - Effective Strategies in the Collection and Analysis of Cost Data; Influence Decision Makers; Transportation Situation; An Overview of Successful Strategies Used in Rural Programs; Securing Funding in Rural Coordination; Cost Effective Delivery Strategies; Recruiting and Retaining Staff; Interagency Coordination
9. Topics in Early Childhood Special Education - (journal) - Aspen Systems Corp.
10. Journal of the Division for Early Childhood - (journal) - DEC Publications
11. Journal of Educational Leadership - (journal) - Association for Supervision and Curriculum Development

Syllabus for Parents

Section I. (Atypical Development)

1. Program Guide for Infants and Toddlers With Neuromotor and Other Developmental Disabilities - Francis Connor
2. Handling the Young Cerebral Palsied Child at Home - Nancy Finnie
3. Behavior Problems - Bruce Baker, Alan Brigtman, Louis Heifety, Diane Murphy
4. Sensory Integration and the Child - Jean Ayres
5. Get a Wiggle On and Move It - Guide for Helping Visually Impaired Children Grow - Sherry Raynor; Richard Drouillard
6. Ready, Set, Go - Talk to Me! A Handbook for the Teaching of Pre-Language and Early Language Skills Designed for Parents and Professionals - Dr. Anna Horstmeier; James Mc Donald; Yvonne Gillette
7. Eating With a Spoon: How to Teach Your Multi-handicapped Child
8. Exploring Materials With Your Yojng Child With Special Needs-Commonwealth Mental Health Foundation
9. Home Stimulation for the Young Developmentally Disabled Child
10. Teaching Your Down's Syndrome Infant - A Guide for Parents

Section II. (Normal Development)

11. Baby Learning Through Baby Play - A Parent's Guide for the First Two Years - Ira Gordon
12. Child Learning Through Child Play: Learning Activities for Two and Three Year Olds - Ira Gordon
13. Parents and Children - Activities and Environments for Infants and Toddlers - Austin Travis County Texas Mental Health/ Retardation Center
14. Helping Parents Grow - Washington County Children's Program Outreach Project
15. Total Baby Development - Jaroslav Koch
16. Survival Handbook for Preschool Mothers - Helen Wheeler Smith
17. Good Things for Babies - Sandy Jones
18. Learning Through Play - Pediatric Roundtable Series #3, Johnson & Johnson
19. The Communication Game - Pediatric Roundtable Series #4, Johnson & Johnson

Section III. (Increasing Awareness)

20. Voices - Interviews With Handicapped People - Michael Orlansky; William Heward
21. Does She Know She's There? - Nicola Schaefer

PROJECT RHISE/OUTREACH

RESOURCES AND MATERIALS BOOKLET

CHILDREN'S PROGRAM MATERIALS

C-1 Philosophical Foundations of the RHISE Model - An 8 page overview of the model developed by Project RHISE/Outreach to serve young handicapped children and their families. The Consultancy Model is highlighted along with the 4 major model components: Children's Program, Parent Program, Organizational Structure, and Community Awareness.

No Charge

C-2 The Consultancy Model: Concept and Procedure - An 8 page article describing the Consultancy Model which is a transdisciplinary approach to serving young handicapped children and their families. Therapists/specialists consult with the child's teacher, who implements the child's program in conjunction with the child's parents. The procedure and process of consultation are described.

No Charge

C-3 Child Development Chart - An 8½" x 24½" blue and green on yellow poster indicating normal child development from birth-to-three years of age. The developmental indicators are based on the Rockford Infant Developmental Evaluation Scales (RIDES) and are complimented by child oriented art work. (Revised, March 1982)

$.75 each

C-4 Child Find Proceedings - A monograph of the proceedings of the Child Find Workshop conducted by Project RHISE/Outreach on 10/26/78. Included are sections on "Utilizing the Medical Community," "Public Awareness," "Screening Tools and Methods," and "Individual Approaches to Child Find."

$5.00 each

ATTACHMENT 3.

ATTACHMENT 4.

RESOURCES AND MATERIALS ORDER FORM
(all prices include shipping & handling)

SHIP TO: _____

_____

_____

_____ (zip)

Phone _____

Project RHISE/Outreach
Children's Development Center
650 North Main Street
Rockford, Illinois 61103
(815) 965-6766

		Quantity	Total
C-1	Philosophical Foundations of the RHISE Model.....(No Charge)	_____	25
C-2	"The Consultancy Model: Concept and Procedure".....(No Charge)	_____	37
C-3	Child Development Chart.....$ .75	_____	273
C-4	Child Find Proceedings.....$5.00	_____	8
C-5	"The Curriculum Syllabus".....$4.50	_____	29
P-1	"A Parent Program: Parents and Professionals Working Together.....(No Charge)	_____	49
P-2	Parent Needs Assessment Packag.....$ .75	_____	33

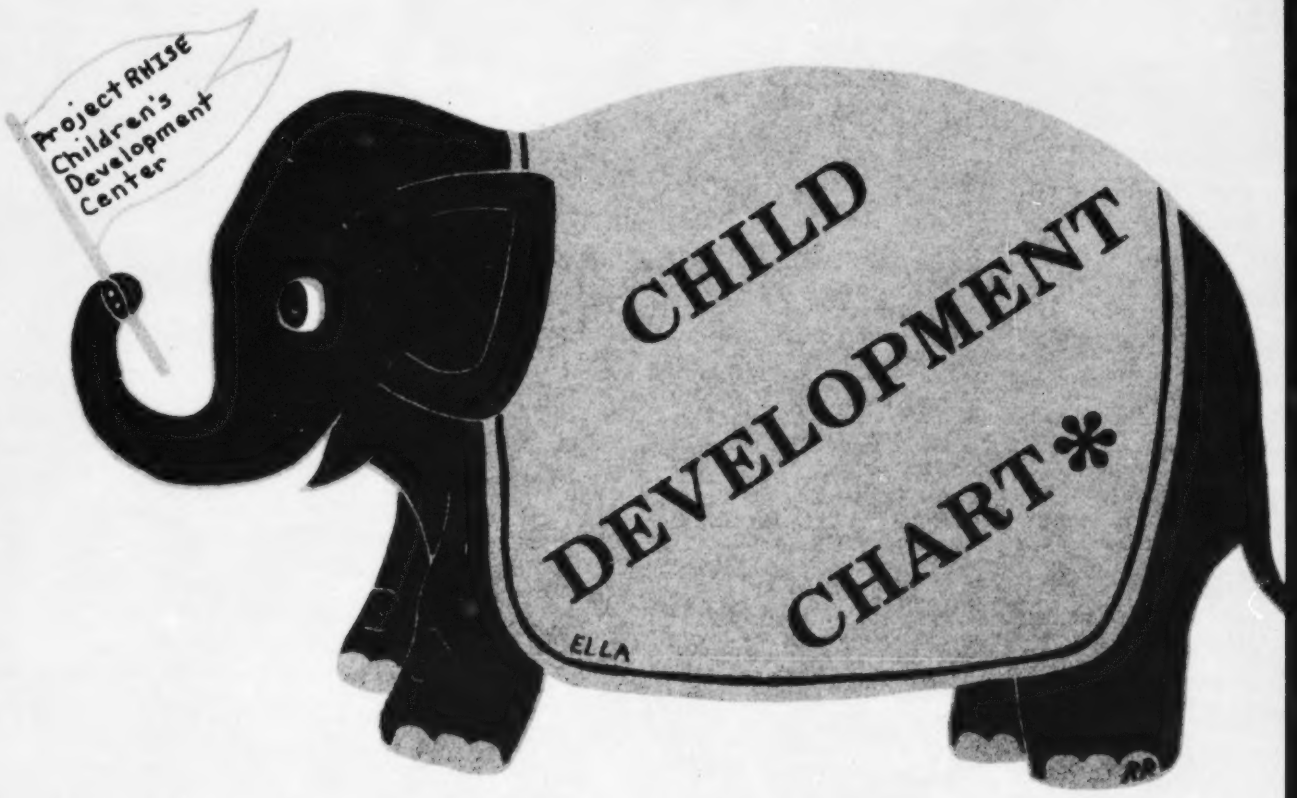
P-3 Parent Program Learning Packages (all 19 = $12.70)

	Quantity	Total		Quantity	Total		Quantity	Total
#1 ($.20)	_____	34	#8 ($1.20)	_____	46	#15 ($.20)	_____	38
#2 ($1.15)	_____	40	#9 ($.40)	_____	54	#16 ($.55)	_____	31
#3 ($.65)	_____	38	#10 ($.50)	_____	37	#17 ($.30)	_____	43
#4 ($1.45)	_____	46	#11 ($1.85)	_____	41	#18 ($.20)	_____	63
#5 ($1.50)	_____	45	#12 ($.20)	_____	44	#19 ($.95)	_____	42
#6 ($.45)	_____	44	#13 ($.25)	_____	46			
#7 ($.25)	_____	50	#14 ($.45)	_____	41			
Column Total		297	+ Column Total		309	+ Column Total		217 = 823

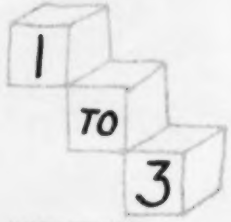
P-4	Parent Program Lending Library - Annotated Bibliography.....$ .75	_____	16
P-5	Understanding, Working With, and Counselling Parents of Handicapped Children - A Selected Bibliography.....$ .50	_____	27
AV-1	"Hello, Somebody..." (Rental - $10.00)		_____
	Dates: 1st choice _____ 16mm _____ 2nd choice _____ videotape _____		
AV-2	"Discovery of a Special Child" (Rental-$10.00, Purchase - $30.00)		_____
	Dates: 1st choice _____ 2nd choice _____		
AV-3	"Parent-to-Parent" (Rental - $10.00, Purchase - $40.00)		_____
	Dates: 1st choice _____ 2nd choice _____		
	TOTAL PRODUCTS SOLD FY'82		1320

PLEASE INCLUDE PAYMENT AND RETURN TO:

Project RHISE/Outreach



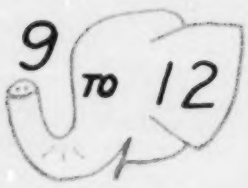
Strong Suckle
Hand Closes Tight On Contact
Makes Small Throaty Noises
On Stomach, Lifts Head



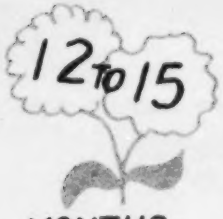
Smiles In Response To Your Smile
Hands Held Open Most Of The Time
Looks At Someone Talking
Special Cry For Hunger
On Stomach, Lifts Self By Forearms

Babbles During Play
Reaches For Nearby Toy
Turns Head Freely To Look Around
Puts Both Hands On Bottle Or Breast While Feeding

Recognizes Two Common Objects When Named
Waves "Hi" And "Bye Bye"
Rolls Over
Transfers Toy From Hand To Hand
Sits With Some Support



Finger Feeds
Repeats Action When Adult Laughs
Flings Objects
Picks Up Objects With Thumb And First Finger
Creeps / Crawls
Side Steps Holding Onto Furniture



Stops Drooling
Scribbles Spontaneously
Uses Three To Five Words Other Than "Mama," "Dada"
Walks Independently

Uses Spoon, Spilling Little
Removes Hat, Socks
Inserts Object Into Small Opening
Points To Eyes, Nose, Or Mouth On A Doll
Uses Words To Make Needs Known
Runs Stiffly

142-2

Defends Own Possessions
Turns Thick Pages Of Book
Imitates Two And Three Word Sentences
Pulls Toy While Walking

Washes And Dries Own Hands (May Not Be Completely Clean!)
Carries Out Two-Part Commands
Uses Pronouns (He, She, It)
Walks Up And Down Stairs, Holding On

Matches Three Simple Items
Identifies Some Big And Little Objects
Relates Recent Experiences
Pedals Wheeled Toy

Begins Taking Turns
Holds Pencil In An "Adult" Fashion
Identifies One Color By Naming Or Pointing
Asks Questions Frequently
Catches A Large Ball

* *This chart was designed to show the general sequence of children's development. Each child's rate of development varies. It is important to remember that your child may not arrive at each skill as listed. However, if your child has not acquired most of the skills up to his/her age range, check with your physician or the child development program in your area.*

This chart is based on the age ranges of the Rockford Infant Developmental Evaluation Scales (RIDES), Copyright LINC Services 1979 and is printed with permission of Scholastic Testing Service, Inc. This chart was revised under Grant No. G008100731 from Special Education Programs, U.S. Department of Education. The content does not necessarily reflect the position or policy of that agency and no official endorsement should be inferred.

142-b

V. Stimulating Increased State Involvement

Project RHISE/Outreach was actively involved within the state of Illinois in efforts to further the cause of young handicapped children within the state. Much of the state involvement effort was channeled through the Illinois First Chance Consortium (OSE). Project RHISE/Outreach was also involved at the national level in HCEEP consortiums and organizations in an attempt to impact on services for young handicapped children across the nation. The following are the specific expected outcomes with summaries of Project RHISE/Outreach activities in each area.

Expected Outcome 1: As part of membership in the Illinois First Chance Consortium, Project RHISE/Outreach will directly participate in any appropriate and/or necessary Consortium activities during FY 1982. Specifically, the Project will:

a. Attend all regularly scheduled meetings and any appropriate subcommittee meetings during FY 1982.

b. Assist in the dissemination of the Consortium Directory.

c. Assist in the development of a cost analysis study for services to young handicapped children in Illinois.

Actual Outcome:

a. Project RHISE staff attended all five (5) Consortium meetings (10/1-2/81, 12/10/81, 3/24/82, 4/21/82, and 6/2/82) and participated in various planning meetings (7/21-22/81, 9/2-3/81, and 1/8/82) and telephone conference calls.

b. Project RHISE staff assisted in the final editing of the Illinois First Chance Consortium Directory which was printed and ready for distribution in November, 1981 (see Attachment 1). Project RHISE staff assisted in developing the distribution plan (1/8/82) and the distribution itself by disseminating copies to various individuals and programs.

c. Project RHISE staff worked on the committee which compiled cost data from member projects. The resulting analysis compares costs among projects and provides administrators and others with approximate costs for implementing the various models.

Additional Outcome: Project RHISE staff worked with other consortium members to develop a format for providing more technical assistance and training within Illinois. Project RHISE staff drafted the procedures for the consortium technical assistance project which will insure that valuable expertise and information is not lost when projects lose their federal funding. A brochure has been developed and distributed.

Expected Outcome 2: Project RHISE will coordinate Northwestern Regional Illinois Network for Parents. Impact will be measured by number of meetings, number of individuals involved, number of type of written materials developed, number of written materials disseminated and description of ongoing information delivery system.

Actual Outcome: Project RHISE/Outreach initiated the development of the Northwestern Regional Illinois Network for Parents during FY 1981. A general awareness and information dissemination event called "Child Fair: Focus On a Healthy Beginning" was planned for November 7-8, 1981. However, due to scheduling difficulties, it had to be postponed to the spring of 1982. Project RHISE has continued to participate on the steering committee, although Project RHISE no longer has coordination responsibility. As of yet, the awareness event has not taken place due to lack of current leadership to follow through with the implementation of the plans which were developed earlier.

Expected Outcome 3: Project RHISE staff will serve on the State Advisory Committee for the International Year of Disabled Persons. Documentation will include number of meetings attended, description of activities, and impact or participation.

Actual Outcome: Sue Suter, Coordinator for the International Year of Disabled Persons for the State of Illinois requested that one of the Project RHISE staff members be involved in the Rockford area committee. Unfortunately, the Rockford committee disolved due to lack of leadership just prior to the RHISE staff member contacting it. This objective, therefore, was unmet.

Expected Outcome 4: Project RHISE/Outreach will continue to participate in INTERACT and the Rural Consortium during FY 1982 as is appropriate and as time permits. The number of meetings attended and description of related activities will be documented.

Actual Outcome: Project RHISE staff reviewed and provided written comments on draft copies of the Rural Network parent involvement monograph in August and September, 1981. The Project RHISE director participated in the Rural Network meeting at the HCEEP/DEC conference and made a presentation at the Third Annual Rural Network Workshop in Salt Lake City, Utah, May 6-7, 1982. Throughout FY 82, Project RHISE staff have disseminated Rural Network information and materials throughout the midwest. The Rural Network monograph series was described in Project RHISE's newsletter.

Staff also participated in INTERACT activities. A presentation on working with difficult to involve parents was made at the Second Annual INTERACT Conference in Boston, Mass. June 7-8, 1982. Project RHISE staff have shared the INTERACT paper, "Early Intervention for Children With Special Needs and Their Families" with all replication sites and have encouraged them to obtain copies. It was described in the Project RHISE newsletter (see Attachment I. Increasing Awareness, Attachment 3).

Expected Outcome 5: Project RHISE/Outreach will participate in and communicate with other state-wide organizations (eg. ASK, Illinois Parent-Infant Educators Association, DEC) during FY 1982 as is necessary and appropriate. Participation in these organizations and related activities will be documented.

Actual Outcome: During FY 82 the Illinois Division of Early Childhood (IDEC) of the Council for Exceptional Children was organized. The Project RHISE director has become a charter member of IDEC and has provided input to the IDEC officer. Project staff have attempted to make Illinois replication sites aware of the organization and have encouraged participation. IDEC requested and received the Project RHISE mailing list for early intervention programs statewide to be used for an IDEC awareness mailing.

Project staff provided the Family Resource Coalition, a national organization housed in Evanston, Illinois, consultation, information and materials in the form of the names and addresses of national early intervention networks (HCEEP, Rural Network, Urban Consortium, and INTERACT), programs in Illinois, Indiana and Wisconsin, and Headstart programs in the midwest. Project staff attended the initial meeting for the organization of the Illinois Family Resource Coalition.

Expected Outcome 6: Project RHISE/Outreach will continue to monitor the activities of various state agencies and will provide input to and comment on various state plans. Documentation will include description of monitoring activities, number of plans reviewed, and description of input or comments provided.

Actual Outcome: Project Staff in conjunction with Macomb 0-3 Regional Project drafted a letter to the chairperson of the Illinois Governor's Planning Council for Developmental Disabilities expressing concerns for birth-to-three program funding and direction within Illinois. Further information was provided by Project staff when attending two (2) Regional Governor's Planning Council for Developmental Disabilities meetings.

Project staff were invited to attend three (3) Northwestern Illinois Association (NIA) meetings with other regional representatives of early intervention programs (see Attachment 2). Two of the Project staff attended these meetings and expressed their concern for the proposed plan to drop diagnostic and consulative therapy services to young children in Illinois, Region 1A.

As a result of Project staff involvement in the NIA meetings, the Department of Mental Health (DMH) in Region 1A requested staff attendance at several meetings to help plan strategies for providing services to lessen the impact of the NIA therapy service cutbacks. Project staff attended two (2) regional DMH meetings and provided a draft of a variety of alternatives to the proposed decrease in services for young handicapped children in this region (see Attachment 3).

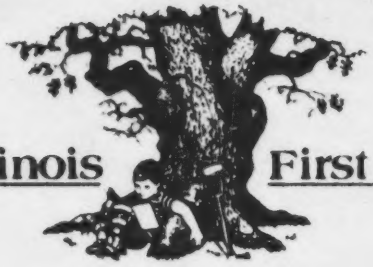
The Project director also attended and participated in the Northwest Regional Illinois Commission on Children Priorities for the 80's/White House Conference on Children in Peru-La Salle, Illinois on October 23, 1981. Concerns for children were identified and priorities were ranked for direction within the state of Illinois during the 1980's.

Expected Outcome 7: Project staff will work toward passage of legislation in Illinois which would mandate services to birth for handicapped children. Activities to develop awareness of and support for such legislation will be documented.

Actual Outcome: Project RHISE staff maintained periodic phone contact with State Representative, John Hallock's office to keep informed of current legislative action. Representative Hallock had introduced legislation mandating services for handicapped children from birth in FY 81, with consultation and assistance from Project RHISE staff. This legislation was placed on the interim study calendar and has not been reintroduced during this fiscal year. Due to the impact of the reductions in the federal and state monies for education, it became clear legislation to mandate services for young handicapped children from birth was not likely to be supported by state legislators.

ATTACHMENTS

Attachment 1



Illinois First Chance Consortium

Overview and Directory of Handicapped Children's Early Education Program - Funded First Chance Projects in the State of Illinois

REVISED

Attachment 2.

NORTHWESTERN ILLINOIS ASSOCIATION

O-3 COMMITTEE MEETING
April 6, 1982
7:30 p.m.

Lower Level Board Room
DeKalb Administration Center
145 Fisk Avenue
DeKalb, Illinois

I. INTRODUCTION OF COMMITTEE MEMBERS.

II. PURPOSE OF THE N.I.A. O-3 COMMITTEE.

III. REVIEW OF SERVICES PROVIDED BY THE N.I.A. FOR HANDICAPPED CHILDREN O-3.

A. Current N.I.A. Services Attachment #1

B. N.I.A. Services Recommended For The 1982-1983 Year.

IV. REVIEW OF SERVICES PROVIDED BY OTHER AGENCIES FOR O-3 HANDICAPPED CHILDREN.

A. 8 Early Intervention Programs (O-3) Provided Services In The N.I.A. Region

-A.I.D. - Aurora

-Jayne Shover Rehabilitation Center - Elgin

-DCSEA - DeKalb, County

-Children's Development Center - Rockford (includes Winnebago, Boone and Ogle Counties)

-Project RHISE - serves 9 state area in the mid-west

-Kreider Services - Lee County

-Association for the Handicapped - Stephenson, CArroll and JoDaviess Counties

-Self-Help Enterprises, Inc. - Whiteside County

B. Types Of Services Provided Vary Among The Agenices, But May Include:

-Evaluation

-Parent-Infant Education

-Parent Counseling

-Coordination Of Services Available From Other Providers

-Parent Training

V. FINDINGS AND RECOMMENDATIONS.

Attachment 3.

REGIONAL EARLY INTERVENT.

Alternative I

To continue birth to three direct service and supportive/therapeutic services in Boone, Ogle and Winnebago counties.

To add on birth to three supportive/therapeutic services to Carroll, Jo Daviess, Lee, Stephenson, and Whiteside counties.

Staffing Pattern

Physical Therapist	100% time
Occupational Therapist	100% time
Speech and Language Pathologist	100% time
Psychologist	40% time
Coordinator	80% time
Secretary	75% time
Bookkeeper	10% time
Program Director	25% time
Executive Director	10% time
Consultant (money)	
Medical, dental, vision, hearing, etc.)	

Other Budget Items

transportation
staff development
materials
equipment
administrative (copying, phones, office, etc.)
staff recruitment
long distance phones
postage
office equipment - dictation, typewriter

Therapist Services

Evaluations, demonstrations and consultations done at the site locations in each county on a regularly scheduled basis weekly or twice monthly (based on the program need).

Psychologist

Evaluations, observations and consultations done monthly at the site locations in each county on a regularly scheduled basis.

Staff Development

Two days of formal workshop to be conducted annually in the region. Additional training to be provided as requested through the Regional P.I.E. support groups as requested. Training could also be done on an individualized/site basis as needed during regularly scheduled therapist times.

Coordination

The Coordinator would meet monthly with each site staff. The Coordinator would attend P.I.E. support meetings (or designate a representative if unable to attend).

Monitoring

During the first 6 months each site staff would fill out a monthly feedback form indicating problem areas, concerns, and what is working well. After the first six months the feedback form would be filled out quarterly.

Consultant Monies

This fund would pay for special services in the event other funds were unavailable. They would be utilized on a sliding scale method.

Transportation

Ideally, a car would be leased to use as the primary transportation source for the R.E.I.P.

Therapist Qualifications

1) Pediatric experience, preferably Early Intervention

2) NDT trained or willingness to be trained

Staff Recruitment

A sizeable budget to recruit therapists would need to be expended prior to July 1 in order to have staff available by that time.

DR:pa
3/82

VI. Other Technical Assistance

Project RHISE/Outreach provided various types of technical assistance which did not fit into other categories of Outreach activity. Included in this area are assistance to other HCEEP projects, training at the demonstration/continuation site, and requests for information regarding handicapped children and/or early intervention services not directly related to the Project RHISE Model. Activities in this area are not scheduled or sought. Thus, it is difficult to anticipate the amount or type of assistance which will be provided. The following are the specific expected outcomes and descriptions of actual activity in each area.

Expected Outcome 1: One (1) program needs assessment and report will be completed, not as part of a program's model utilization activities.

Actual Outcome: A program evaluation and needs assessment was conducted with the Pioneer Center, Birth-to-Three Program, McHenry, Illinois on September 9-10, 1981. A nine page written review provided analysis of current program strengths and recommendations for program improvement. It was discussed orally with Pioneer Center staff on December 2, 1981. This needs assessment did not result in any additional technical assistance other than sharing information.

Also, United Cerebral Palsy of the Blackhawk Region, Rockford, Illinois requested a program evaluation of the Growth and Development Clinic which is a follow-up clinic for babies who have been on a high-risk intensive care nursery. The clinic operation was observed in July and August 1981, and informal, oral feedback was provided to UCPBR. Suggestions for improved methods and practices were discussed with UCPBR staff.

Expected Outcome 2: Five (5) requests for short-term consultation will be received and responded to by programs no longer receiving technical assistance in the utilization of the Project Model.

Actual Outcome: Six (6) short-term consultations were provided to replication sites no longer receiving formal technical assistance. The consultations were provided as follows:

Date	Site	Consultation
1) 12/21/81	Lake McHenry Regional Program McHenry, IL	Shared information: INTERACT paper, Jenn Kelly article, RHISE Parent Involvement Chart

	Date	Site	Consultation
2)	1/5/82	Headwaters Achievement Center Rhinelander, WI	Shared information: potential funding sources, grants
3)	3/3-4/82	Early Intervention Program Butler County Board of Mental Retardation Hamilton, OH	Shared information: team functioning, team building, variations of consultation process, reviewed program progress
4)	5/26/82	Early On Program Herrin, IL	Shared information: Back to Basics article, DMHDD appeal outline
5)	5/26/82	Archway, Inc. Carbondale, IL	Shared information: Back to Basics article, Peer to Peer Program
6)	6/7-8/82	Developmental Learning Center Mendota Heights, MN	Shared information: parent needs assessment, parent involvement, time management, classroom arrangements

Expected Outcome 3: Five (5) requests from HCEEP projects and other programs requesting assistance and/or resources in grant development or other "non-model" areas will be received and responded to.

Actual Outcome: Assistance was provided to three (3) HCEEP projects in "non-model" areas. Five (5) programs were assisted in developing a total of nine (9) grant proposals. The following summarizes the specific technical assistance:

HCEEP PROJECTS

Date	Project	Assistance
10/27/81	Washington Co. Children's Program Outreach Project Machias, ME	Information regarding RHISE developed materials and materials dissemination
11/30/81	Rural Infant Education Program (RIEP) Norris City, IL	Information regarding video tapes on working with mentally retarded children
3/16/82	Portage Project Portage, WI	Brief consultation regarding RHISE approach to working with and involving "difficult" parents

GRANT PROPOSALS

Date	Program	Type of Grant
Nov/Dec 1981	Developmental Learning Center Mendota Heights, MN	HCEEP Demonstration Grant, Project Dakota - proposed funding $68,490 - not funded, no new Demo. FY 1983 (see Attachment 1)
January 1982	Children's Development Center Rockford, IL	Health/Human Services Preapplications: 1) Project V.I.A. - Volunteers in Action, proposed funding $123,250 2) Collobrative Child Care Project, proposed funding $76,050 3) CDC Technical Assistance Project, proposed funding $127,170
February 1982	Harvey Preschool Harvey, IL	DCFS Child Abuse Prevention Preapplication
February 1982	Children's Development Center Rockford, IL	DCFS Child Abuse Prevention Preapplication proposed funding $94,240, accepted, formal proposal requested
March 1982	DeKalb Co. Special Education Coop. DeKalb, IL	Birth-to-three/Child Abuse Grant
March 1982	Family Advocate Program Rockford, IL	Child Abuse Replication Program proposal
May 1982	Children's Development Center Rockford, IL	DCFS Child Abuse Prevention - Rockford Family Center, formal proposal $94,240

Expected Outcome 4: Five(5) requests for assistance and/or further resources will be received from the CDC demonstration/ continuation site.

Actual Outcome: Project RHISE staff provided technical assistance to Children's Development Center's Early Intervention Program from July, 1981 through April, 1982. Project staff attended weekly general team meetings to share information, resources, and provided consultation as needed.

A needs assessment completed for the CDC program at the end of FY 1981 identified technical assistance needs. Early in F 1982, the needs of the program were prioritized jointly by staff and Project RHISE staff. During July and August 1981 extensive committee work was done to implement the priorities and to develop an inservice schedule for the year. As a result of Project RHISE consultation and technical assistance, program procedures were revised including the development of a new consultation form (see Attachment 2), and were described in writing in a new program handbook.

In addition to committee work during the summer months and informal consultations throughout the year, Project RHISE staff provided twelve (12) separate and specific consultations and training sessions or inservices. Each inservice ranged from 1½ hours to one-half day and was attended by all or part of the early intervention team. Dates and topics are as follows:

Date	Topic
8/25/81	Environmental Design/Classroom Arrangement
8/26/81	How to Involve "Difficult" Parents
8/27/81	Parent Involvement in IEP Development
10/19/81	Consultation to Project Support RE: Parent Interactions and Bonding
11/02/81	Consultation to Project Support RE: Home Visits and Working With Parents
11/11/81	Creative Scheduling
11/18/81	Working With Children and Their Families in Groups
12/02/81	Format and Content of IEP's: Writing Behavioral Objectives
12/09/81	Curriculum Resources
12/16/81	Review of RIDES
12/23/81	Consultation Process
1/06/82	Community Resources

Expected Outcome 5: Project staff will assist with activities of an area parent-Infant Educator Support Group including participation in regular meetings/sessions and provision of training as requested.

Actual Outcome: Project RHISE staff attended four (4) meetings (9/11/81, 10/7/81, 12/11/81, and 3/5/82) of the Parent-Infant (PIE) Support Group during FY 82. One of these meetings (12/11/81) which was held at Children's Development Center, featured a workshop on curriculum development presented by Project RHISE staff (see Attachment 3).

In addition to sharing information about new research, community resources, and upcoming workshops at each meeting, Project staff were available for informal assistance to individual members of the group before and after meetings.

All members of the PIE Support Group were invited to the Project RHISE Retreat, April 27-29, 1982. Three programs were represented at one full-day of the retreat.

Expected Outcome 6: Ten (10) requests from individual students and professionals requesting information and additional resources will be received and responded to.

Actual Outcome: Each year there are requests for information from students and professionals which are of a more general nature and directly related to the RHISE Model. Three (3) requests were received of this type in FY 1982:

Date	Person	Information
7/17/81	Marge Roseburg, Student Northern Illinois Univ.	Transdisciplinary approach, comparison of home based vs. center based programming
2/3/82	Joyce Flack DMH/DD Client Service Coordinator Park Forest, IL	Assessment instruments, social assessment
4/22/82	Diane Murray, Nurse Hunington, IN	Curative Workshop information, NDT training

Expected Outcome 7: Three (3) surveys on various topics in early intervention/early childhood will be received and responded to.

Acutal Outcome: Twelve (12) surveys were received and responded to as follows:

Date	Surveyor	Subject
1) July 1981	Nancy M. Varoley, Coord. Preschool Handicapped Dept. of Education Charleston, West VA	Early Childhood Special Education Personnel Training Survey
2) August 1981	Janice Lowry, Consultant DD Program Texas Planning Council for DD Austin, TX	Early Intervention Survey (Level 1)
3) November 1981	Deborah Tapper National College of Education Evanston, IL	Early Intervention Survey

	Date	Surveyor	Subject
4)	January 1982	Janice Lowry, Consultant DD Program Texas Planning Council for DD Austin, TX	Early Intervention Survey (Level 2)
5)	March 1982	Peggy Filer Dept. of Behavioral Studies Univ. of Missouri St. Louis, MO	Parent Involvement
6)	April 1982	Ellen Anderson East Texas State Univ.	Early Childhood Programs - Delphi Study (Level 1)
7)	April 1982	WESTAR	Administrative Compentency Study (Level 1)
8)	June 1982	Ellen Anderson East Texas State Univ.	Early Childhood Programs - Delphi Study (Level 2)
9)	June 1982	Kathleen Petisi Regional Program for Preschool Handicapped Children Yorktown Heights, NY	Quality of Products They Developed
10)	June 1982	TADS	Publication Survey
11)	June 1982	Ellen Anderson East Texas State Univ.	Early Childhood Programs - Delphi Study (Level 3)
12)	June 1982	WESTAR	Administrative Compentency Study (Level 2)

Additional Outcomes:

1. Several times during the year requests for information came to Project RHISE, which it was felt, could be dealt with better by another HCEEP project. In August of 1981 a referral was made to the Macomb 0-3 Regional Project regarding using a mobile van in a rural area. In April, 1982, a request for audio-visual materials regarding strictly home based services in a rural area was referred to the Portage Project.

2. Several times each year phone calls are received regarding locating services for young handicapped children and these referrals lead to acquisition of services. Five (5) such referrals are documented although several more were received during the year as follows:

Date	Person Requesting Assistance	Need	Referral
January 1982	Prentiss Women's Hospital Chicago, IL	Physical Therapy for young child	Names of local PT's
February 1982	Sister of a family	Program for physically handicapped child	Program in Racine, WI
February 1982	CDC Staff	Severely impaired child	Program in Beloit, WI
April 1982	Professional	Program for DD child	Program in Ottawa, IL
June 1982	Aunt	Hearing impaired child	Program in St. Paul, MN

3. Project RHISE provides ongoing consultation to Denver Developmental Screening Test programs in Winnebago, Boone and Ogle counties. These programs were originally established by Project RHISE, which continues to provide the training to volunteers. During FY 1982, 20 volunteers were trained and a total of 957 children were screened in the three county area. Number of children screened by area include:

572	by Junior League in 15 Health Department Clinics
25	Crusader Clinic
106	Boone County
214	Ogle County
40	Winnebago (outside of Rockford)
957	Children Screened

ATTACHMENTS

Attachment 1

DEVELOPMENTAL LEARNING CENTER INC.

A Private Non-Profit Agency Serving The Developmentally Disabled In Dakota County.

February 1, 1982

Mr. Steven Smith
Project RHISE/Outreach
Children's Development Center
650 Norht Main Street
Rockford, IL 61103

Dear Steve:

Enclosed is a copy of our demonstration grant proposal, Project Dakota. Your long distance support, both emotional and mental, really helped during that last week.

Although we have been informed that all new demonstration proposals will not be considered pending future action by Congress, I would still very much appreciate your critique of our proposal. It was a good experience for us as you suggested, and I feel we can grow even further with your comments.

I hope all is well with you and RHISE. Thanks again for all your help.

Sincerely yours,

DEVELOPMENTAL LEARNING CENTER, INC.

Jim McCaul

Jim McCaul
Director of Early Intervention

JM:kmn

Enclosure

cc: George A. Moudry, Executive Director

750 South Plaza Drive · Mendota Heights, Minnesota 55120 · Telephone: 454-2732

- Attachment 2. -

Children's Development Center
650 North Main Street
Rockford, Illinois 61103

Consultation Notes (Record, Form)

Child's Name: _____ B/D: _____ C.A. _____

Consultant(s): _____ Discipline: _____

_____ _____

_____ _____

Date/Time: _____ Place: _____

Participants: _____

Consultation Level: (please ✓)

_____ Teacher (PIE)-Therapist

_____ Teacher-Therapist
Parent-Child
_____ in home
_____ in classroom

_____ Therapist-Therapist

_____ Therapists-Parent-Child

_____ Therapist-Parent-Teacher

_____ Teacher-Teacher

_____ Other _____

Reason for Consultation:

Current Status: (developmental, behavioral, medical, family)

Desired Outcome:

Consultation Notes/Observations :

Comments:

Recommendations:

Follow-up:

_____ on going teacher-therapists consultation

_____ direct observation by therapist in: _____Wks _____ Months

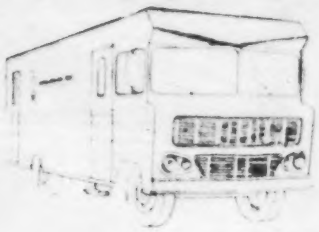
_____ direct service by therapist.

_____ Re-eval.

_____ Exit eval.

_____ Other _____

8/81



Project RHISE/OL Attachment 3.

CHILDRENS DEVELOPMENT CENTER

OUTREACH

December 2, 1981

Hello,

I hope that you all had a super Thanksgiving holiday!

The December P.I.E. meeting will be held here at Children's Development Center on Friday, December 8th. The topic of discussion will be Curriculum - What? When? and Why? Please bring any new or especially useful curriculum material to share with the group.

Here is the tenative agenda for our meeting:

9:00 - 9:30	Coffee, Tea and Thee (time to catch up on all the news among one another)
9:30 - 11:00	Discussion centering around the need for and use of curriculum in early intervention
11:00 - 11:30	Browsing time in RHISE library

The CDC staff hope that we will see you on December 8th!

Cheers,

DIANE KASTELIC
Training Consultant
Project RHISE/Outreach

DK/rr

Encl.